EFFECTIVENESS OF EDUCATIONAL INTERVENTION PACKAGE ON KNOWLEDGE AND PRACTICE REGARDING CHILD REARING AMONG MOTHERS OF INFANT

Dissertation Submitted To

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE AWARD OF

DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014.

A STUDY TO ASSESS THE EFFECTIVENESS OF EDUCATIONAL INTERVENTION PACKAGE ON KNOWLEDGE AND PRACTICE REGARDING CHILD REARING AMONG MOTHERS OF INFANT IN KANCHI KAMAKOTI CHILD TRUST HOSPITAL AT CHENNAI 2013 – 2014.

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ABSTRACT

ABSTRACT

The rearing of children is especially the care, love and guidance given by a parent. It is affected by their health and nutritional status, their genetic potential as well the quality of their home environment. They often are unaware that their child rearing practices can affect their children's cognitive and language development. They fail to appreciate the importance of playing and chatting with young children. They may be unaware of age appropriate activities to do with their children.

The study was conducted to assess the effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of infant. The hypothesis formulated was that there is a significant association between the educational intervention package and level of knowledge and practice regarding child rearing among mothers of infant. The review of literature included the related studies which provided a strong foundation for the study including the basis for conceptual framework and the formation of tool.

The research design used for this study was pre experimental one group pre test post test design. It was carried out with 100 samples who fulfilled the inclusion criteria. Purposive sampling technique was used to select the samples. A self administered tool was given to the mothers to assess the pre test level of knowledge and practice regarding child rearing. Educational intervention package was given to the mothers for a period of 30-45 minutes. The post test was assessed after 5-7 days by using the same scale.

The analysis revealed that the pre test level of knowledge regarding child rearing mean score was 12.25 with the standard deviation of 3.46 and the post test level of knowledge mean score was 19.79 with the standard deviation of 3.47. The pre test practice mean score was 8.40 with the standard deviation of 2.47and the post test practice mean score was 15.84 with the standard deviation of 2.48. The paired ‘t’ test value was 20.7 and 22.17 which was statistically very high significant at level of $p<0.001$. The Karl Pearson correlation coefficient value of $r = 0.57$ at the level $p<0.01$ which showed moderate correlation between post test level of knowledge and practice regarding child rearing among mothers of infant. Hence it indicates the effectiveness of educational intervention package on child rearing among mothers of infant. So the research hypothesis was accepted for the study.

INTRODUCTION

CHAPTER I

INTRODUCTION

"Today children are tomorrow citizen".

Child rearing practice means the activities, which is done for child's growth and life. It includes all parenting duties such as care, support and love to meet physical needs, educating the child, providing guidance and teaching skills for socialization in a way that leads to a child's total development.

Child rearing refers to bringing up of children by parents or parent substitutes. It consists of practices that are grounded in cultural patterns and beliefs. It is probably the most challenging responsibility for a mother during her child's infancy. Successful child rearing is essential for the child's overall development and realization of self esteem. As the primary care giver for infant, mother is responsible for all needs of the infant. In India, other elder members of the family also contribute to child care. The important components of child rearing are maternal activities that promote the children's physical, intellectual and psychosocial development so that they may grow up to express their full potentials.

Mother is an important primary care provider and therefore, she should able to take care of her baby and to develop a positive attitude towards infant rearing practices. The first year of life is the most vulnerable time in the childhood period. The basic needs of the infant are nutrition, personal hygiene, prevention of common health problem, safety and immunization.

The major domains of child rearing during infancy are feeding, meeting the needs of cleaning and protection including prevention of accidents, injuries, providing appropriate infant stimulation, monitoring growth and development. Child rearing practices are influenced by child rearing knowledge. By systematically evaluating the child rearing knowledge and practices, it is possible to identify areas of inadequacy and institute remedial programs and thereby ensure proper growth

and development of the babies. There have been few studies that had comprehensively evaluated child rearing. Until recently, the entire attention of the medical fraternity had been focused on to breast feeding. There are several instruments that evaluate the breast feeding habits of mothers. Nevertheless, there are no scales that examine comprehensively all domains of child rearing. Broad based scales are necessary for evaluating efficacy of any child rearing intervention programs.

Every society has different child rearing practices used to facilitate child development. The practices depend on cultures, beliefs and socio economic as well as environmental factors. These different factors influence child development as societies at the same time have different perceptions and expectations on child development.

Rearing a child stands same as planting a hundred trees, both secures the future. Children have probably the most uncertain and risky environment in his or her life. Judging by the popularity of self help books on her to bring up children correctly, it is evident that many parents have trouble in child rearing.

All parents want to have the best from their babies. It is the responsibility of the parents to provide appropriate care to prevent illness and promote health. The parents are in a position to be the best observers of their babies and consequently are able to provide the best for the physical needs of their babies. In every society, there is variation in practices, customs, beliefs and values which may be healthy or unhealthy. Though science and technology have brought about advancement in life situations, still a vast number of our Indian families are unaware of the hold on to the traditions and practices even though it has no scientific meaning.

Infant feeding and rearing practices vary from one community to community depending up on social custom, traditional believes and prejudices of the community. The practices are also disseminated by literacy status and economic factors. Influence of these practices over growth and development of the children is beyond doubt. Parenting is one of the most important tasks of the family and one of

the most challenging roles in our society. Parents are key to the provision of safe, nurturing, positive learning environments for children as they grow and mature. Parents acquire the knowledge and skills to perform this important role through their ethnic and cultural heritage, their kinship network, their friendships, their community and the resources that are available to them.

NEED FOR THE STUDY

Infants are the most vulnerable group, who need adequate care because 8% of the infants do not live long enough to see their first birthday. So, that we can ensure their survival and healthy growth and development which can be laid by adequate nutrition, immunization and growth monitoring etc.

Parenting is one of the most important tasks of the family, and one of the most challenging roles in our society. However, many of the rural areas in India, especially the more isolated ones, still use many child rearing practices that are considered either unsafe or unhealthy in the Western world. Childhood vaccinations are another area of difference between Western and some Indian child rearing practices. While childhood vaccinations for the major endemic diseases such as smallpox, diphtheria, whooping cough and polio etc vaccination compliance is very spotty in many rural areas, largely for cultural or religious reasons, despite decades long education and public information programs by the Indian government.

Child rearing practices in every society occur in accordance with the cultural norms of the society. In most societies, however child rearing practices share a common value the preservation of life and maintenance of the health and well being of a newborn infant. The cultural beliefs and practices are the social issues regarding infant care, child rearing and infant feeding practices as well as early motherhood in different societies. The traditional practices regarding infant care and child rearing continue to live despite the fact that many societies have been modernised.

According to WHO the Indian infant mortality rate was 47.13 per 1000 live birth, among that 49.3 male infant mortality rates and 57.9 female infant mortality

rates in 2009. The rearing practice of infant is an important task for the parents to help the infants to become emotionally and socially healthy. Parents also have the rights, but with every right there is also a responsibility. The major responsibility of parents is to provide good care for their children so that they can develop into responsible adults.

Regular weight gain is the best indicator of child's normal health development. Growth chart is designed by David Morley and modified by World Health Organization for monitoring the growth. It is also important to keep in mind that the nurses and mothers should be familiar with important milestones of development. It helps the nurses and mothers in growth monitoring and also to identify growth further, delayed milestones, malnutrition and mothers can be educated about the care of their own child.

The mothers play an important role in the life of children. Infants are usually seen at health care facilities for health maintenance at least six times during the first year. Anticipatory guidance offered at these visits can help parents prepare for the rapid changes that mark the first year of life.

"The Mothers lap is the first school for every child". It is his first temple mother is his foremost God. Mother is every man's primary wealth. Women can make a family, thus making the society a heaven by removing the wrongs and evils from the society. Our society views motherhood as something very special. Mothers should provide security and stability for their children. An ideal mother must sacrifice many of her own wants and desires for the benefit of her child and should teach him or her the ethics of being a good citizen. An ideal mother tries her best to carry out the goal to make her home a paradise for her children.

Indian society is male centered and this has resulted in a significant problem in gender distribution as women are pressured to have male children. In 2010 the ratio of female to male births was around 900 females and 1000 males, the rate of female versus male survival to age six in India is around 825 and 1000. These statistics point out the prevalence of both gender-selective abortion and female infanticide that still exists in India today.

Kupatha. M, et al.,(2009) conducted a study to assess the relationship between mother's nutritional knowledge, maternal education and child nutritional status. The data were collected in Ghana on 55 well nourished and 55 malnourished mother child pairs. A questionnaire designed to collect data on mother's knowledge and practices related to child care and nutrition was administered to the mothers. Data on mother's demographic and socio economic characteristics as well as child anthropometric data were also collected. A nutrition knowledge score was calculated based on mother's responses to the nutrition related items.

Every newborn requires basic care which has to be provided by the mother at home. This includes warmth, feeding, basic hygiene, identification of danger signs and seeking help from health personnel whenever required. Therefore all newborns get home based on newborn care as per the perception and socio cultural behaviour of the society. However it has been observed by various studies on the newborn care in the communities that the knowledge and the practice of simple care regarding prevention of hypothermia, feeding of colostrum and exclusive breastfeeding are lacking. The knowledge regarding identification of danger signs and care seeking behaviour of the families has been found to be a variable and the child rearing knowledge and practice was poor.

As per the above studies the investigator found that there is still lack of knowledge in the basic child rearing practices among mothers of infants. Also the investigator during the work experience in the pediatric ward observed the mothers of infants had inadequate knowledge regarding child rearing. Lack of knowledge makes incorrect perception of health practices, which deals the mother to move towards the unsafe child rearing.

These can be prevented if the mother has been educated on important aspects of child rearing. So the investigator wishes to prepare a planned teaching programme to educate them, which will help the mother to move towards safe child rearing.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Educational Intervention Package on knowledge and practice regarding child rearing among mothers of infant in Kanchi Kamakoti Child Trust Hospital at Chennai.

OBJECTIVES

1. To assess the pre test level of knowledge and practice regarding child rearing among mothers of infant.
2. To assess the post test level of knowledge and practice regarding child rearing among mothers of infant.
3. To determine the effectiveness of educational intervention package regarding child rearing on knowledge and practice among mothers of infant.
4. To correlate the post test level of knowledge and practice regarding child rearing among mothers of infant.
5. To associate the pre test and post test level of knowledge and practice regarding child rearing among mothers of infant with their selected demographic variables.

OPERATIONAL DEFINITIONS

Effectiveness: Refers to the desired outcome of educational intervention package regarding child rearing among mothers of infant.

Educational intervention package: Refers to systematically organised need based teaching programme regarding child rearing practice by using of video clips, audio visual aids.

Knowledge: Refers to information gained by the mothers through educational intervention package.

Practice: Refers to performance of the mother's activities while giving care to their child.

Child rearing: Refers to the way of caring their infants to meet the developmental needs of the child underfive domains such as general information, growth and development, nutrition, personal hygiene, safety and security.

Mothers of infant: Refers to mothers who have below one year child admitted in kanchi kamakoti child trust hospital.

HYPOTHESIS

There is a significant association between educational intervention package and level of knowledge and practice regarding child rearing among mothers of infant.

DELIMITATIONS

- The study was delimited to 100 mothers.
- The study duration was delimited to 4 weeks.

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

Review of Literature refers to an extensive exhaustive and systematic examination of publication relevant to the research project.

This chapter deals with review of literature related to the problem statement it has helped the researcher to understand the impact of problem under study. It has also enabled the researcher to design the study to develop the tool and plan for data collection procedure and analyze the data.

PART I - REVIEW OF RELATED LITERATURE

Child rearing is just another term for raising children, bringing up the children. The basic food, shelter, clothing triad that keeps children alive but also the active moulding of character, personality, talents, motion and physical well being of the child.

India is a rapidly developing country, but there is still a greatest rural urban division of people were living. Child rearing practices in most of the major cities are not all that different from those in the United States, with a couple of notable differences. Indian children are held a lot and spend relatively little time in cribs or playpens, as large extended family living arrangements means there are many adults around to help with infant care.

The literature found relevant and classified in the following manner.

- Literature related to general information about child rearing.
- Literature related to growth and development.
- Literature related to nutrition.
- Literature related to hygienic measures.
- Literature related to safety and security.

PART II - CONCEPTUAL FRAMEWORK

PART I

REVIEW OF RELATED LITERATURE

Child rearing is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood. Parenting refers to the aspects of raising a child aside from the biological relationship.

Parenting is usually done by the biological parents of the child in question, although governments and society take a role as well. In many cases, orphaned or abandoned children receive parental care from non parent blood relations. Others may be adopted, raised in foster care or placed in an orphanage.

Social class, wealth and income have the strongest impact on what methods of child rearing are used by parents. Lack of money is found to be the defining factor in the style of child rearing that is chosen. In psychology, the parental investment theory suggests that the basic differences between males and females in parental investment have great adaptive significance and lead to gender differences in mating propensities and preferences.

A family social class plays a large role in the opportunities and resources that will be made available for a child. Working class children often grow up at a disadvantage with the schooling, communities and parental attention made available to them compared to middle class or upper class. Also, lower working class families do not get the kind of networking that the middle and upper classes do through helpful family members, friends and community individuals and groups as well as various professionals or experts.

Beginning kangaroo care within the first 2 hours after birth seems to be the most effective time period for successful breast feeding. Many advocates of natural birth encourage immediate skin to skin contact between mother and baby after birth, with minimal disruption. Babies must be kept warm and dry. This method can be

used continuously around the clock or for short periods per day. It is increasing gradually as tolerated for infants who are compromised by severe health problems. It can be started at birth or within hours, days, weeks or months after birth. Proponents of kangaroo care encourage maintaining skin to skin contact method for about six months. So that both baby and mother are established in breast feeding and have achieved physiological recovery from the birth process.

Literature related to Child rearing

Park. H., et al., (2012) conducted a descriptive study to determine the parent style, parenting stress and children's health related behaviours. There 284 parents of preschool children were interviewed using the child rearing questionnaire and the Korean parenting stress index short form. The result revealed that parent distress, authoritative and permissive parenting styles, family income and mother's education were significantly associated with children's health related behaviours. These findings suggested that higher level of warmth, characteristics of both parenting styles may be a critical factor in the development of health related behaviours.

Nahar. B., et al., (2012) conducted a study to assess the effects of psychosocial stimulation on improving home environment and child rearing practices among severly malnourished children. There were 507 underweight children were selected and randomly assigned for the food supplementation and demonstrated activities. The result revealed that childrearing scores of the psycho stimulation, food supplementation group was improved. The study concluded that child rearing practice of mothers of severly malnourished children and the quality of their home environment can be improved.

Cheng. S., et al., (2010) conducted a longitudinal study to assess the contributing factors of development change during early childhood in Japan. The aim of this study was to investigate the factors that contributed to the development attainment of children between 9 and 18 months of age using prospective longitudinal data from a development cohort study. Totally 284 mothers

of children were analysed by using the about their child's perinatal outcomes, family structure, family income, parental education, parental stress, temperament and child rearing environment at home. The study result revealed that female children and children having sibling had higher probability of attaining development norms at 18 months than male and only children. The author concluded that the role of family environment factor such as early mother's stimulation and sibling's existence in development during early childhood might become more important as the child gets older.

Bang. K. S., (2009) conducted a quasi experimental study to assess the effectiveness of an early nursing intervention program to support mothers of children aged 0 to 3 years living in poverty. Totally 42 mothers were selected, among their 24 mothers were in at for intervention group and18 mothers were in control group. The mothers were assessed in the field of depression, child rearing burden, physical punishment and child temperament. The result showed that mother's depression, childrearing burden, physical punishment and child temperament were significantly present in intervention groups. The study concluded that the nursing intervention was an effective parenting program. The early nursing program for mothers with infant and toddlers in poverty was effective in promoting home and the child rearing home environment.

Sugimoto. M., et al., (2008) conducted a study to assess the effect of anxiety and associated factors in mothers of twins or triplets as compared with the mothers of singleton children. The subjects were 130 mothers of twins or triplets aged 3 were analysed by using State Trait Anxiety Inventory (STAI) scale. The result revealed that the mothers of twins or triplets showed significantly higher state anxiety scores than those of singleton children. The study concluded that it is important to improve the child rearing environment to reduce anxiety felt by mothers of twins or triplets.

Sato. Y., et al., (2008) done a study in National institute of child health and development at Tokyo. The purpose of the study was to examine the present of advisors on child rearing with maternal anxiety and depressive symptoms. The 2657 mothers were selected and a self administered questionnaire regarding

conditions of child rearing and a scale to estimate psychological distress was delivered to the mothers when their infants were 3 to 4 months and 9 to 10 months old. Multivariate logistic regression analysis was used to analysis the data. The result showed that an environment with few close advisors on child rearing was associated with maternal anxiety and depressive symptoms. The study noted that the need for other child rearing companions increases as the child grows older.

Satoh. A., et al., (2008) done a study to assess the effectiveness of home visit nursing guidance program for mother and child health. The subjects of 169 mothers were analysed by using a survey questionnaire. The result revealed that 92 out of 169 mothers had neonatal home visit nursing guidance. The study concluded that the neonate home visit nursing guidance program is effective for determination of mother's childrearing anxiety.

Liamputtong. P., (2002) conducted a cross sectional study to determine the cultural beliefs and practices related to child rearing and child health services among the Hmong in Melbourne, Australia. The 27 mothers were assessed in varies aspects of cultural beliefs such as placing a silver neckles on the newborn, not taking the infant out during the first 30 days, infant's sharing the bed with parents. The result indicates that cultural beliefs and practice also have implications for health promotion campaigns. The study suggested that the health care professionals need to acknowledge the different way of caring for the young children to avoid misunderstandings and to provide sensitive care.

Literature related to Growth and development

Stark. A. R., et al., (2013) conducted a randomized trial study to evaluate the incidence of death or neurodevelopment impairment at 18 to 22 months. The study included 100 mothers and their anthropometric measurement, a stand neurological examination and Bayley scales of infant development. The result showed that the proportion of survivors with neurodevelopment impairment was also similar, as were mean values for weight, length and the proportion of infants with poor growth. The study concluded that the risk of death or neurodevelopment

impairment and rate of poor growth were high but similar in the dexamethasone and placebo group.

Hentges. C. R. & Silveira. R. C. (2013) done a cohort study to establish the influence of late onset sepsis on neurodevelopment of preterm infants with very low birth weight. The study included 411 preterm infants with very low birth weight were selected in the basis of birth weight less than 1500g and gestational age less than 32 weeks admitted in intensive care unit with up to 48 hours of life and followed up at the outpatient for preterm infants with very low birth weight until 2 years of corrected age. Neurodevelopment was assessed using the Bayley scale (DSDI-II) at 18 to 24 months of corrected age. The result showed that late onset sepsis occurred in 94 preterm infants with gram positive infection showed motor deficit when compared to the non septic group, the cognitive development was similar between the groups. The study concluded that neonatal sepsis has a significant influence on late neurodevelopment at 2 years of corrected age in preterm infants with very low birth weight and gram positive infections are associated with motor deficit.

Avan. B. I. & Raza. S. A. (2013) done a community based study of early childhood sensory stimulation in home environment associated with growth and psychomotor development. Totally 26 community was selected and assessed at home visits using infant development scale, anthropometry and socio economic questionnaire. The result showed that the sensory stimulation provided was lower as compared to urban counterparts. The study concluded that sensory stimulation in rural homes may be a significant factor influencing the child development.

Cates. C. B., et al., (2012) done a study to explore the relationship between early cognitive stimulation in the home among 6 months to 24 months toddler language in a low socioeconomic status. The study included 32 families and their cognitive stimulation was assessed at 6 months, toddler language was assessed at 24 months using the preschool language scale. The result revealed that cognitive stimulation in the home was strongly associated with early infant communication was predictive of 24 months. The study concluded that the impact of early cognitive

stimulation on toddler language was manifested through early associations with infant communication.

Literature related to Nutrition

Thakkar. S. K., et al., (2013) done a longitudinal trial study of human milk nutrients composition with a special focus on lipids in Singapore women. The 50 mothers of postpartum periods of 30 days, 60 days and 120 days were selected. The result showed that human milk for male infants compared to females at 120 days were higher for energy content and lipids. The study concluded that Human milk composition has high lipids and helpful for different energy needs to cope up for individual growth and development.

Poh. B. K., et al., (2013) done a study to assess the nutritional status and dietary intake of children aged 6 months to 12 years in Malaysia. Totally, 3542 children were selected using a stratified random sampling method. Anthropometric measurements included weight, height, mid upper arm circumference, haemoglobin, vitamin A and vitamin D were analysed. The study revealed that over nutrition was more prevalent than under nutrition. The study concluded that improving the nutrition status of children need to consider both sides the malnutrition and prevention of overweight and obesity as well as vitamin D insufficiency.

Anderson. G. S., et al., (2013) conducted a prospective cohort study to provide reference data for fat mass and fat free mass from birth to 6 months of age of infants in African population. Totally 378 infants were selected for the fat mass, fat free mass and it was measured at birth, 1.5 months, 2.5 months, 3.5 months, 4.5 months and 6 months of age. The result showed that almost linear manner with a minor deceleration at around 3 months of age. The study concluded that fat free mass index curve showed a very modest exponential increase with age.

Seid. A. M., et al., (2012) conducted a community based cross sectional study to determine the prevalence of exclusive breast feeding practices and

associated factors among mothers in Bahirdar town. Cluster sampling techniques were used to select the 819 participants. Data were collected using a structured and pre tested questionnaire by face to face interview technique. The result revealed that exclusive breast feeding practices was found to be 50.3% for young infant aged 0 to1 month, 2 to 3 months being a housewife and mother receiving infant feeding counselling were found to be significantly associated with exclusive breast feeding practice. The study concluded that the prevalence of exclusive breast feeding practices was low in Bahirdar and strengthening infant feeding counselling in both community and institutional levels were recommended in order to increase the proportion of women practicing exclusive breast feeding.

Klejewski, A., et.al., (2012) reviewed that the study was to examine the level of knowledge about breast feeding among Primi mothers. There were 192 pregnant women in labour were randomly selected and questioned. The survey specially contained 30 questions. The majority of responders 98 declared breast feeding. 94 mothers knew that their milk contains all the essential ingredients for proper development of their young. The study concluded that the responders were equipped in knowledge on various levels. The study proves that the necessary of systematic and planned education for pregnant women is necessary and also the system of lactation counselling should be an integral part of post labour.

Bagul. A. S. & Supare. M. S. (2012) conducted a study to assess the infant feeding practices in an urban slum and to determine the factors which influenced breast feeding. A community based cross sectional study was conducted in India during June 2011 to December 2011. The study variables used were the mother's religion, occupation, sex, age of baby, breast feeding, weaning and knowledge of mothers etc. The fisher's exact test was used for the statistically analysis. Out of the 384 mothers, 125 mothers had started breast feeding with in 1 hour after delivery. Colostrums was given by 82 mothers. Exclusive breast feeding for 6 months was given by 142 mothers. The practice of exclusive breast feeding was more in the literate mothers and in mothers who were informed by the health personnel. The study concluded that the inappropriate feeding practices are common in an urban slum.

Rahmah. M. A., et al., (2011) conducted a cross sectional study on work related determinants of breast feeding discontinuation among employed mothers. The investigator selected 290 women with 2 months to 12 months children at Malaysia. A structured questionnaire was used for the study. The results showed that 5% of mothers discontinued breast feeding and the majority 54% of mothers discontinued breast feeding less than 3 months. So the study concluded that inadequate breast feeding facilities at the work place was also risk factors for discontinuation of breast feeding. Hence they suggested providing adequate breast feeding facilities at the work place such as breast feeding room, flexible time to express breast milk and provide refrigerator to preserve the expressed breast milk in a safe manner.

Ngo. U. S., et al., (2011) conducted a cross sectional study to assess the feeding practice in 6 to 24 months old children. In this study 197 mothers of infant were assessed in the form of initiation of complementary feeding, feeding practices and their children's anthropometric parameters, feeding practices was noted. The results revealed that 15% of infants were on exclusive breast feeding until 6 months, Three quarter of nursing mothers started adding complementary food at 4-6 months. Half of the children did not received animal products, fruits and vegetables. So the study concluded that the feeding practice was associated with the nutritional status of children between 6 to 24 months.

Arusei. R. J., et al., (2011) conducted a longitudinal study to determine the feeding and growth patterns of infants in Kenyan. Data was collected using structured questionnaires among 151 samples. Standard procedures were used to measure infant weight, recumbent length and head circumference. The study results showed that 6 to 10 weeks and the prevalence of exclusive breast feeding was 40.4% and 9.9%, respectively. The study concluded that there is a need to accelerate awareness of optimum infant feeding recommendation and augment the rigorous of the WHO ten steps to successful breast feeding.

Mridula. B., et al., (2009) conducted a study to assess both qualitative and quantitative on impact of ritual pollution on lactation and breast feeding practices.

A survey questionnaire was administered to 402 respondents and in depth interviews were conducted with 30 women in the reproductive age group of 13-49 years. The were 12 case studies were documented with women belongs to different caste, religious and tribal groups. The study results showed that initiation of breast feeding was delayed after birth because of the belief that mother's milk is not ready until two to 3 days of postpartum.

Larry. G., et al., (2009) conducted a study to determine the analgesic intervention of breast feeding newborn infants undergoing routine hospital painful procedures. The investigator selected 30 full term breast fed infants and they divided into experimental and controlled group. A prospective randomized controlled trial was used for the study. The study showed that 91% infants were reduced crying and grimacing. This study concluded that the breast feeding is potent analgesic intervention in new born during the painful procedures.

Madhu. K., et al., (2008) conducted a study to assess the effectiveness of breast feeding in reducing mortality and morbidity. The study was conducted with newborn who came to primary health centre in kengeri at Bangalore. The data was collected by using pre test questionnaire on breast feeding and newborn practices. The study showed that 97% of mothers initiated breastfed, 19% used prelacteal feeds. The study concluded that there is a need of breast feeding intervention program especially in antenatal and postnatal mothers.

Rabner. M., et al., (2006) done a retrospective cohort study to assess the premature infant growth. In the study 32 infants were selected with basis of gestational age of 35 weeks. They assessed using the WHO and Infant Health Development Program (IHDP) growth curves. The result showed that WHO and IHDP growth curve showed moderate agreement for all measurements. When the curved was disagreed on whether an infant was less than 5 % of weight and length. The study concluded that growth curve affects the assessment of growth and the classification of underweight status. The study recommended that longitudinal studies are needed to determine the greatest number of premature infants at risk for long term growth issues.

Srianda. T., et al., (2006) conducted a prospective cohort study on effectiveness of intrapartum epidural analgesia and breast feeding in Australian capital territory. In this study the investigator selected 1280 women who gave birth a single live infant. Breast feeding information was collected through surveys and questionnaire. The study results showed that 43% of women were either fully or partially breast feeding their baby and 60% were continuing the breastfeed for 24 weeks. The study concluded that the intrapartum analgesia and type of birth were associated with parital breast feeding.

Sellen. D. W., (1998) conducted a descriptive study on feeding practice of young child with the aim of social ecological nutritional factors affecting the growth and development of the nomadic population. The study was conducted in Bombay with 77 mothers who have 0 to3 years of children. The feeding practice was assessed through 24 hours diet recall, anthropometry in the form of interview schedule was used. The study found that 40% of the children had growth deficit and the data revealed that 34 mothers had discarded colostrums due to inadequate knowledge. Hence the study concluded that the feeding practices were not effective for the child's growth and development.

Literature related to personal hygiene

Arnold. B. F., et al., (2013) conducted a cluster randomised controlled trials of individual and combined water, sanitation, hygiene and nutrition intervention in rural Bangladesh and Kenya. The new born children 5760 in Bangladesh and 8000 in Kenya were selected as sample. The intervention includes water quality, sanitation, hand washing and nutrition. The result revealed that the care giver reported about diarrhoea and the prevalence of the child growth. The study concluded that individual water, sanitation and hygiene was safe for the child growth.

Huang. L. Y., et al., (2011) done a study to water outage increases the risk of gastro enteritis, eye and skin disease. There 43 samples were selected through medical claims incidence of gastroenteritis, eye and skin complaints for 10 days.

The result showed that they compared with those in cool days. The study concluded that promoting personal hygiene education during water supply shortage, particularly in the warm months.

Holt. J. S., & Koch. A., (2004) conducted a study to determine hygienic habits and precaution taken in day care centres in Greenland. The investigator selected totally 33 day care centres. The questionnaire method was used to collect the data. The result showed that 113 of care takers don't wash hands after wiping their child. The study concluded that day care centre did not follow hygienic measures. The study findings suggested that Hygienic education of care givers is necessary and should be strengthened.

Literature related to safety and security

Griffin. E. S., Lippmann. S. J., et al., (2013) conducted a retrospective matched cohort study of paediatric head injuries. They compared with 2 groups of children who admitted in paediatric emergency department with closed head injury positive and closed head injury negative as identified by computed tomography scan. The head injury assessment was used as the tool for the study. The result indicates that injuries to the temporal, parietal region were associated with close head injury at every age. The study concluded that with early identification of infants and children who are at high risk for close head injury.

Goyal. N. K., et al., (2013) conducted a study to assess the effectiveness of home visiting and outcome of preterm infants. Totally 17 preterm infants were selected for the study. In that 15 preterm infants were controlled trials and 2 preterm infants were cohort studies. Random effects meta analysis was used to synthesize the data for development and parent interaction measures. The result showed that home visiting foe preterm infants promotes improved parent infant interaction. The study concluded that the intervention targeting preterm infants within existing programs may strengthen the impact and cost benefits of home visiting at risk population.

Cromer. D., et al., (2013) done a study to assess the burden of influenza vaccination for the children in the clinical area. They assessed the laboratory reports of influenza and 7 other respiratory pathogens for 20 underfive children. The result showed that mortality rate was high for infants and 6 months of children. The study concluded that the reduce of morbidity and mortality in high risk will protect healthy children.

Rottanamongkolgul. S. & Plitponkarnpim. A. (2012) done a retrospective descriptive study of new registered injury cases in Ongkharak district, Nakhon Nayok, Thailand. The population of 12,017 were selected for the study. The data and their data were collected for one year period from September 2006 to August 2007 from medical records from 6 Hospital. The result showed that Annual incidence rate of injury was found to be 90.5 per 1,000 populations. The study concluded that baseline information for comparisons within this community.

Sala. M. R., et al., (2011) conducted a descriptive study to assess the pertussis epidemic despite high levels of vaccination coverage with acellular pertussis vaccine. A total of 421 pertusis confirmed cases were selected and nasopharyngeal swabs also collected. The result revealed that the pertussis cases persist in age between 2 months to1 year were 90% vaccinated following the current DTaP schedule. The study concluded that despite of high level of vaccination coverage, pertussis circulation cannot be controlled at all.

Nguyen. T. H. & Huong. V. M. (2008) done a study in National Institute of Hygiene and Epidemiology Department to assess the impact of Vietnam's vaccination programme by estimating the prevalence of hepatitis B surface antigen (HBsAg) among children. A total of 6,949 children were included in the survey analysis and the demographic, vaccination data were collected along with a whole blood specimen. The results showed that the infants receiving hepatitis vaccine more than 7 days after birth had significantly higher HBsAg prevalence than those vaccinated 0 to1 day after birth. The study concluded that the childhood chronic HBV infection prevalence has been markedly reduced due to vaccination. The study

finding suggested that strengthening of timely birth dose vaccination will be important for reducing chronic HBV infection prevalence of underfive children.

Daniel. P. & Patrick. N. (2005) reviewed a study to assess the current BCG vaccination policies and delivery pathways for immunization in primary care trusts in England. The study included 152 primary care trusts were selected and structured questionnaire was analysed. The result showed that the eligible infants in primary care trusts with targeted infant immunization, those who mostly vaccine on postnatal wards. The study concluded that areas with selective infant vaccination provide BCG vaccine via a larger number of healthcare providers than those with universal infant vaccination policies.

Sheth. M. & Obrah. M. (2004) conducted a study to reduce the prevalence of diarrhoea in children and improving the knowledge, attitudes and practices of mothers regarding safe feeding practices. The study was conducted among 200 mothers of underprivileged children through Anganwadi workers. The food safety education package for hand washing, keeping the surrounding clean was introduced and the incidence of diarrhoea was reduced. The environment sanitation and personal hygiene score of most the households mothers were improved. The study concluded that the Anganwadi worker proved to be an effective change agent and was successful in bringing about a positive behaviour modification among mothers.

Tupasi. T. E. et al., (1989) conducted an epidemiological study to assess the acute respiratory infection in an urban community regarding the utilization of available health services. The study was to identify the determinants of childcare practices of mothers through a focus group discussion and survey of the knowledge, attitudes and practice of mothers. The mothers were unable to recognize a severe infection. Consequently, there was a high rate of self medication and low rate of health services utilization. The study revealed that an education programme utilizing an informative print material was devised to upgrade the mother’s ability to recognize signs of acute respiratory infection.

PART II

CONCEPTUAL FRAMEWORK

It is an interrelated concept or abstractions assembled together in a rationale scheme by virtue of their relevance to a common their relevance to a common theme. It is a overview of entire study of the investigator.

This study is based on modified model of Ernestine Widenbach's helping art of clinical nursing theory by the year of 1970, which would be relevant to increase the knowledge and practice of child rearing among mothers of infant. Ernestine Widenbach's proposed a prescriptive theory of nursing which is described as a conceiving of a desired situation of the way to attain it. Prescriptive theories direct action towards an explicit goal. It consists of three factors central purpose, prescription and realization. A nurse develops a prescription based on a central purpose and implement is according to the realities of the situation.

Central purpose

In this model central purpose refers to what the investigator wants to accomplish. It is the overall goal towards which a investigator strives it transcends the immediate intent of the assignment or task by specifically directing activities towards the child's good. The central purpose of this study is to effectiveness of educational intervention package on child rearing among mothers of infant. The investigator plans the intervention that will fulfill the central purpose by identifying the various mean to achieve the goal.

Identifying the need for help

The investigator must assess or to identifying the needs of the mothers of infant before going to give educational intervention package. In this study the investigator used the following instruments to assess the need of the mothers. Demographic variables age, religion, education, family income, locality, no of delivery, no of children. Assessment of knowledge and practice by using the child rearing knowledge scale and child rearing practice scale.

Ministering the needed help

It refers to the agent, recipient and environment involved in nursing actions. Agent which denotes to the investigator those who are going to educate to the mothers of infant. The Recipient which means mothers of infant. Those who are going to get benefits from the investigator, in the study the recipient is mothers of infant who have one year child which indicates the physical environment that is kanchi kamakoti child trust hospital where the mothers of infant were admitted.

Means

In this study the investigator had 100 mothers of infant. There are underwent the education intervention package.

Validating needed for help

It refers to evaluate the effectiveness of educational intervention package on knowledge and practice of child rearing. Child rearing knowledge scale and child rearing practice scale was used to assess the level of knowledge and practice.

Outcome

It is effect of educational interventional package. It can be inadequate knowledge, moderately adequate knowledge and inadequate knowledge for level of knowledge, good practice, fair practice and poor practice for level of practice.

Reassessment

It helps to determine the factors involved in inadequate knowledge and poor practice of the intervention. The investigator felt that the modified mode of Widenbach's helping art of clinical nursing theory (1970) is applicable for the study. Through which the investigator adopted this theory and explained her study in various aspects based on the components of the theory. All this component are modified and explained based upon intervention of the investigator.

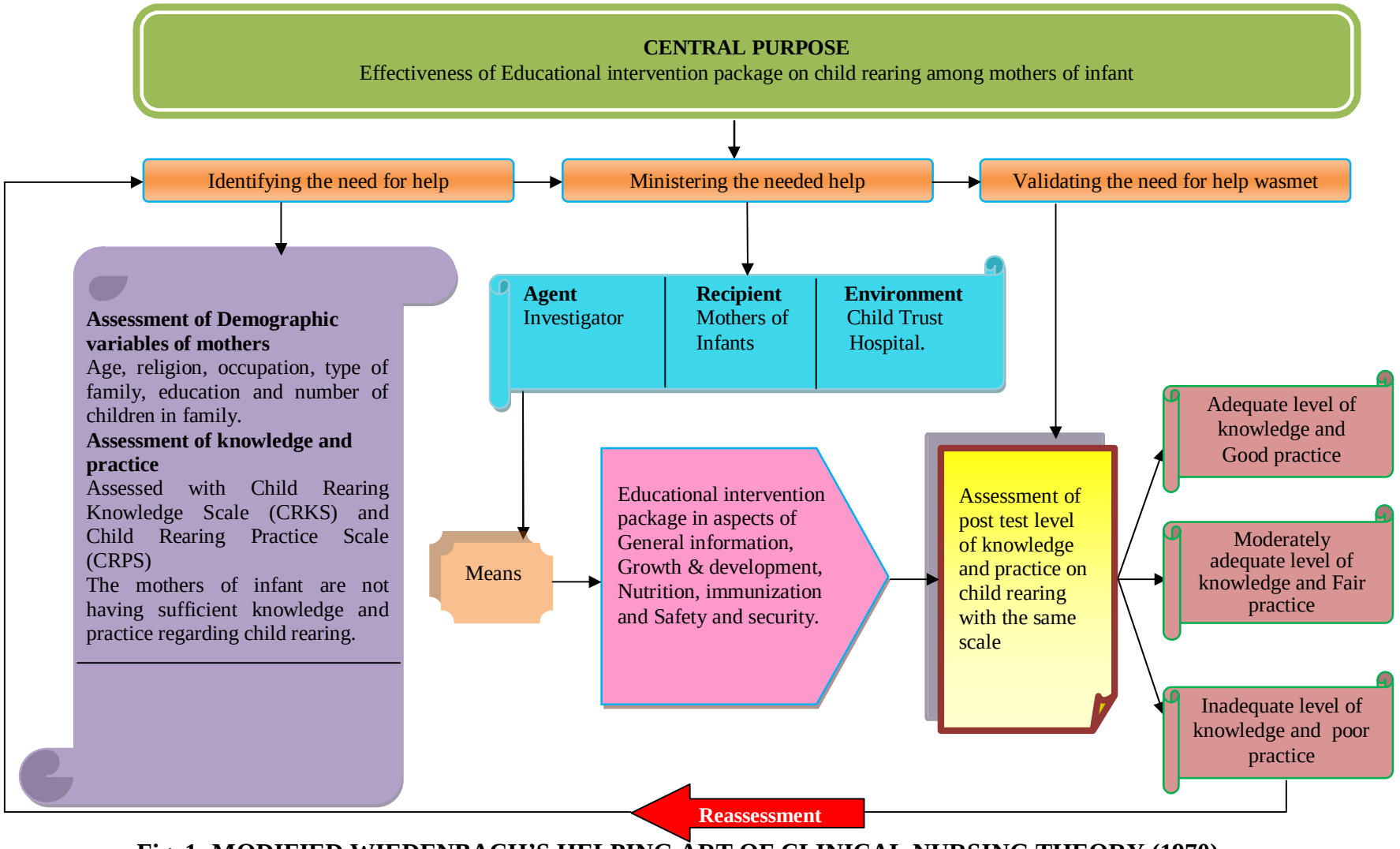

Fig. 1: MODIFIED WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1970).

METHODOLOGY

CHAPTER III

METHODOLOGY

The methodology of any investigation is vital importance. The success of any research depends largely upon the suitability of the method, the tools and the techniques that the researcher follow to gather adequate data.

The chapter deals with a brief description of the methodology adopted by the researcher. This chapter includes research design, setting of the study, population, sample, sample size, sampling technique, criteria for sample selection, description of the tool, pilot study and data collection.

RESEARCH APPROACH

Quantitative approach was used to assess the effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of infant in kanchi kamakoti child trust hospital at Chennai.

RESEARCH DESIGN

The research design used for the study was pre experimental one group pre test post test design.

RESEARCH VARIABLES

Independent variables: It refers to an educational intervention package regarding child rearing.

Dependent variables: It refers to a knowledge and practice regarding child rearing.

SETTING OF THE STUDY

This study was conducted in kanchi kamakoti child trust hospital at nugumbakkam in Chennai. This institution is a 250 bedded multi speciality hospital,

which is well equipped with all facilities. This hospital has 7 floors with all speciality departments like neurology, nephrology, cardiology, gastroenterology, oncology and the well equipped operation theatre etc. It also consists of child guidance clinic, immunization outpatient department and the number one well equipped neonatal and paediatric intensive care unit. In the inpatient department nearly 10 to15 mothers of infants were admitted in general ward per day in this hospital.

POPULATION

The population consists of mothers of infant who are admitted in kanchi kamakoti child trust hospital.

SAMPLE

The sample consists of mothers of infant those who fulfil the inclusion criteria.

SAMPLE SIZE

The study sample size comprises of 100 mothers of infant in kanchi kamakoti child trust hospital.

SAMPLE TECHNIQUE

Purposive sampling technique was used by the researcher to select the samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- The mothers who were having below one year child.
- The mothers who were able to read and understand Tamil and English.
- The mothers who were willing to participate in the study.

Exclusion criteria

- The mother who were having mentally and physically handicapped infant.
- The mother who were working in health care profession.
- The mother who were in outpatient department.

DESCRIPTION OF THE INSTRUMENT

In this study the data collection was done using the modified child rearing knowledge and practice questionnaire. The tool has taken from the journal of Annals of Indian Academy of neurology. It consists of four parts.

Part I

It includes the demographic variables of mothers of infant which consists of age, religion, education, occupation, type of family, type of delivery, locality and number of children.

Part II

The self administered questionnaire was prepared to evaluate the child rearing knowledge and practice under the five domains. It includes the general information, growth and development, nutrition, personal hygiene and safety and security.

It consists of 25 items regarding child rearing knowledge. The correct response carries 1 mark and wrong answer carries 0 marks.

The scoring was interpreted as follows

Inadequate knowledge	-	$\leq 50\%$
Moderately adequate knowledge	-	51 – 75%
Adequate knowledge	-	$\geq 75\%$

Part III

The modified child rearing practice scale was used to assess the style of practice among mothers of infant. The scale consists of 20 items with positive and negative item. The positive item carries 1 mark and the negative item carries 0 marks. The scoring was interpreted as follows

Poor practice	-	$\leq 50\%$
Fair practice	-	51 – 75%
Good practice	-	$\geq 75\%$

Part IV

Module consists of educational intervention programme includes general information about child rearing, growth and development of infant, nutrition, personal hygiene and the safety and security of the infant in the form of power point, video clip teaching and other audio visual aids were used for the teaching.

VALIDITY

Validity of the tool was assessed using content validity. Content validity was determined by experts in the field of paediatrics. The tool was modified based on the suggestions given by the experts. After the modifications they agreed this tool for assessing effectiveness of knowledge and practice regarding child rearing among mothers of infant.

RELIABILITY

The reliability of the instrument was assessed by using test retest method. Calculated test retest correlation coefficient for knowledge questionnaire the r value was 0.78 and practice questionnaire the r value was 0.83. The correlation coefficient was high and it is appropriate tool for assessing the knowledge and practice score among mothers of infant child rearing.

ETHICAL CONSIDERATION

The study was conducted after the approval of dissertation committee. Formal written permission was obtained from the administrative officer of the Kanchi Kamakoti Child Trust Hospital. Mothers of infant were clearly explained about the study purpose and procedures. The formal written consent was obtained from the mothers of infant. The usual assurance of anonymity and confidentiality was obtained.

PILOT STUDY

A pilot study was conducted in the kanchi kamakoti child trust hospital, Chennai from the duration of 01.04.2013 to 06.04.2013. The refined tool was used for pilot study. The formal permission was obtained from the administrative officer of the kanchi kamakoti child trust hospital. The investigator selected the 10 participants on the basis of inclusion criteria by using purposive sampling technique.

The brief introduction about the investigator and purpose of the study was given to the mothers and their doubts were clarified so as to get cooperation from the mothers. Oral consent and written consent was obtained from participants and confidentiality of the responses was assured. On the first day self administered questionnaire the mothers of infant assess the pre test level of knowledge and check list to assess the pre test level of practice regarding child rearing. On next day educational intervention package was given for 30- 45 minutes. After five to six days post test was assessed by using the same scale.

DATA COLLECTION PROCEDURE

A self administered questionnaire was used by the investigator to assess the level of knowledge and practice among mothers of infant regarding child rearing. The investigator started the data collection procedure for the main study from the period of 06.05.2013 to 06.06.2013 in the kanchi kamakoti child trust hospital,

chennai. A formal written permission was obtained from the administrative officer of the hospital.

The investigator selected the participants on the basis of inclusion criteria by using purposive sampling technique. Every day 3 to 5 participants were selected. A brief introduction about the investigator and purpose of the study was explained to the mothers and their doubts were clarified so as to get cooperation from the mothers. Written consent was obtained from the participants for confidentiality of the responses was assured. Pre test was done by instructing them to point out their answers in the self administered questionnaire. After conducting pre test, educational intervention package on child rearing general information, growth and development, nutrition, hygienic measures and safety and security was given to the mother by using video clip, flip chart, power point presentation for 30-45 minutes. After five to seven days post test was assessed by using the same scale.

DATA ANALYSIS

The data obtained was analyzed by using both descriptive and inferential statistics. Demographic variables of mothers of infant were computed by using descriptive statistics. Pre and post test level of knowledge and practice was analyzed by using inferential statistics to assess the effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of infant. Mean and standard deviation was used to compute the pre test and post test level of knowledge and practice among mothers of infant. Paired “t” test was used to evaluate the effectiveness of educational intervention package regarding child rearing. The Karl pearson correlation co efficient was used to correlate between the post test level of knowledge and practice regarding child rearing. Chi square test was used to find out the association of pre and post level of knowledge and practice of mothers with their demographic variables.

A STUDY TO ASSESS THE EFFECTIVENESS OF EDUCATIONAL INTERVENTION PACKAGE ON KNOWLEDGE AND PRACTICE REGARDING CHILD REARING AMONG MOTHERS OF INFANT IN KANCHI KAMAKOTI CHILD TRUST HOSPITAL AT CHENNAI.

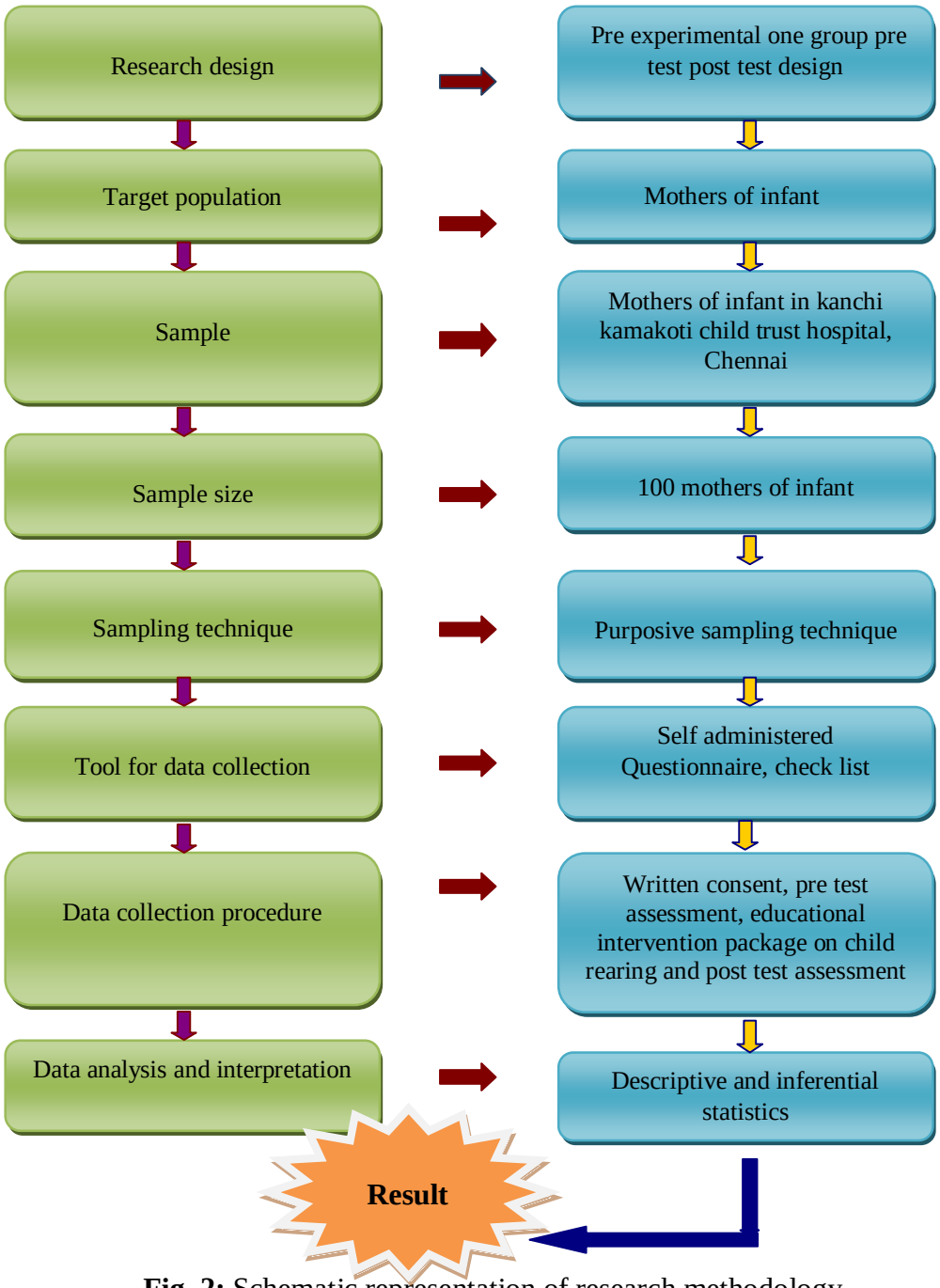

Fig. 2: Schematic representation of research methodology.

DATA ANALYSIS AND INTERPRETATION

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

It is a systematic organization and synthesis of research data in order to answer the research question and test the hypothesis. Interpretation is the process of making sense of study results and examining their implication. The data findings have been analyzed and tabulated in accordance to the plan for data analysis and are interpreted under the following headings.

SECTION A: Frequency and percentage distribution of demographic variables of mothers of infant.

SECTION B: Frequency and percentage distribution of pre test level of knowledge and practice regarding child rearing among mothers of infant.

SECTION C: Frequency and percentage distribution of post test level of knowledge and practice regarding child rearing among mothers of infant.

SECTION D: Comparison of frequency and percentage of pre test and post test level of knowledge and practice regarding child rearing among mothers of infant.

SECTION E: Comparison of mean and standard deviation of pre test and post test level of knowledge and practice regarding child rearing among mothers of infant.

SECTION F: Correlation of the post test level of knowledge and practice regarding child rearing among mothers of infant.

SECTION G: Association between pre test and post test level of knowledge and practice regarding child rearing among mothers of infant with their demographic variables.

SECTION - A

Table 1: Frequency and percentage distribution of demographic variables of mothers of infant.

N = 100

S. No	Demographic variables	Frequency	Percentage
1	**Age of the Mothers**		
	18 -24 yrs	13	13
	25 -30 yrs	70	70
	31 -35 yrs	17	17
2	**Religion**		
	Hindu	51	51
	Christian	29	29
	Muslim	16	16
	Others	04	04
3	**Education**		
	Primary	16	16
	Secondary	53	53
	Higher secondary	25	25
	Graduates	06	06
4	**Occupation**		
	Coolie	30	30
	Business	42	42
	Professional	19	19
	Unemployed	09	09
5	**Income**		
	Rs. 3000 – 5000	43	43
	Rs. 5001 – 8000	37	37
	Rs. 8001-11000	13	13
	>Rs. 11000	07	07
6	**Locality**		
	Rural	17	17
	Urban	83	83
7	**Type of delivery**		
	Normal	21	21
	LSCS	40	40
	Forceps	35	35
	Vacum	04	04
8	**Type of family**		
	Nuclear family	48	48
	Joint family	52	52
9	**No. of children**		
	One	31	31
	Two	64	64
	Three	05	05

Table 1 shows the frequency and percentage distribution of demographic variables of mothers of infant. With respect to age 13 (13%) mothers were in the age group of 18-24years. 70 (70%) mothers were in the age group of 25-30 years and 17(17%) mothers were in the age group of 31-35 years.

Related to religion 51 (51%) mothers belongs to Hindu, 29 (29%) mothers belongs to Christian, 16 (16%) mothers belongs to Muslim, 04 (04%) mothers belongs to other religion. With regard to education 16 (16%) mothers had primary education, 53 (53%) mothers of infant had secondary education, 25 (25%) mothers had higher secondary education and only 06 (06%) mothers of infant were graduated.

Considering the occupation 30 (30%) mothers were coolie, 42 (42%) mothers belongs to business, 19 (19%) mothers were professionals, 09 (09%) mothers were unemployed. With respect to family income 43 (43%) mothers were earning Rs.3,000 – 5,000, and 37 (37%) mothers were earning Rs.5,001 - 8,000 and 13 (13%) mothers were earning Rs.8,001- 11,000 and 07 (07%) mothers were earning more than Rs. 11,000.

In regards to locality 17 (17%) mothers were resides in rural area, 83 (83%) mothers were resides in urban areas. In accordance to mode of delivery 21 (21%) mothers delivered normally, 40 (40%) mothers delivered through LSCS, 35 (35%) mothers had forceps delivery and 04 (04%) delivered through vaccum delivery.

Related to the type of family 48 (48%) mothers belongs to nuclear family and 52 (52%) mothers were in the joint Family. Considering the No. of children 31 (31%) mothers have only one child, 64 (64%) mothers have two children and 05 (05%) mothers have three children.

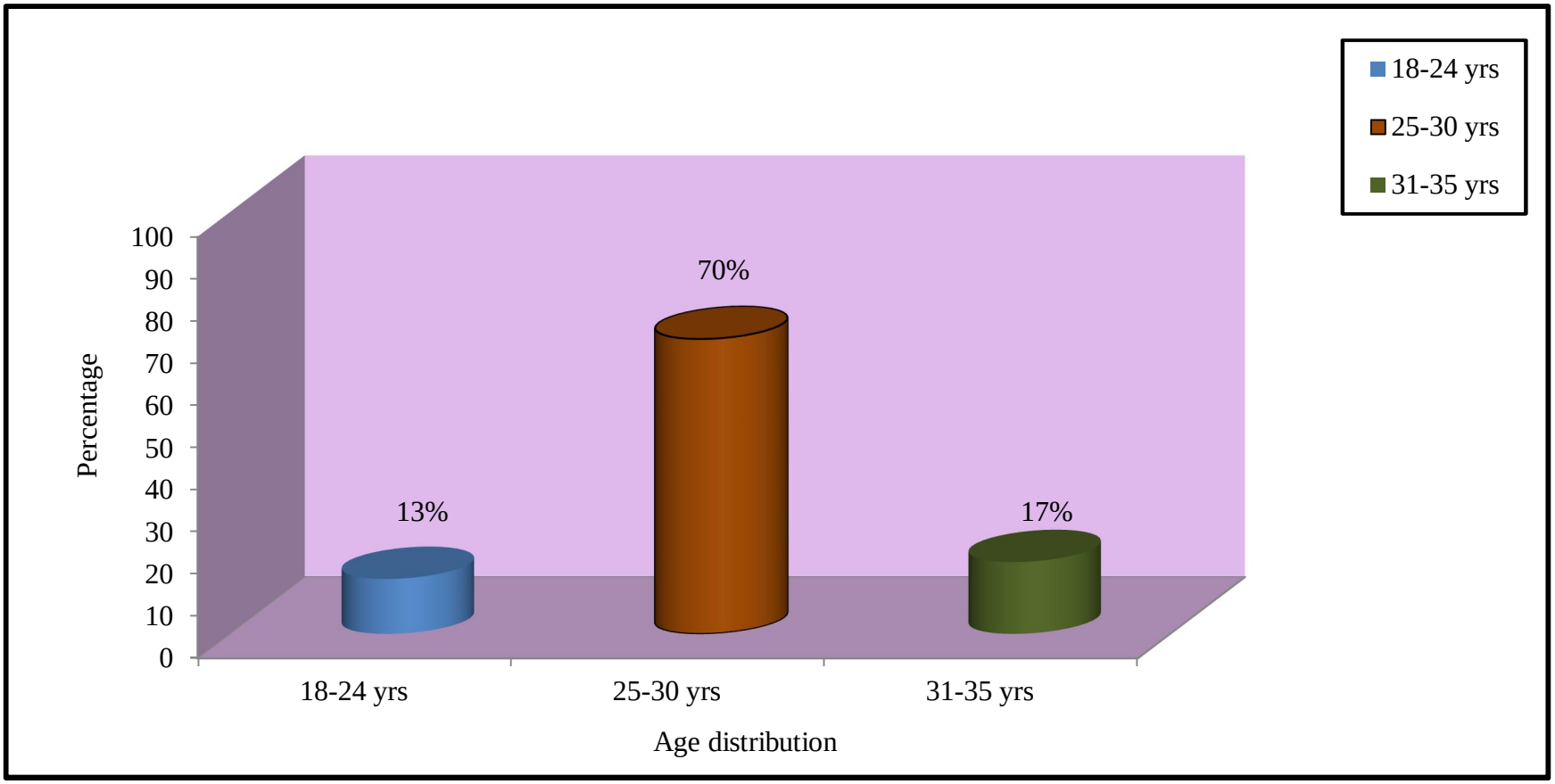

Fig.3: Percentage distribution of age among mothers of infant

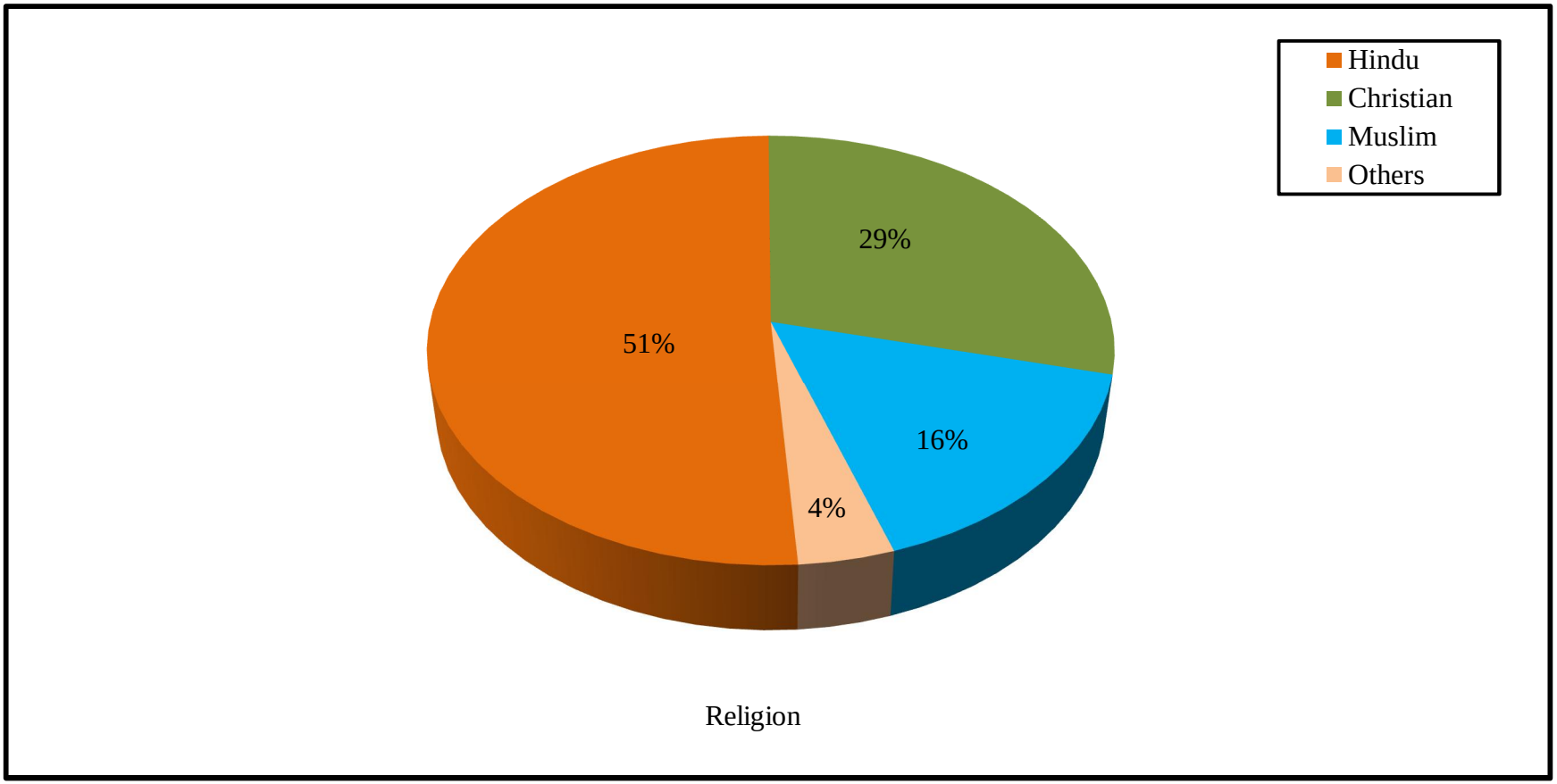

Fig.4: Percentage distribution of religion among mothers of infant.

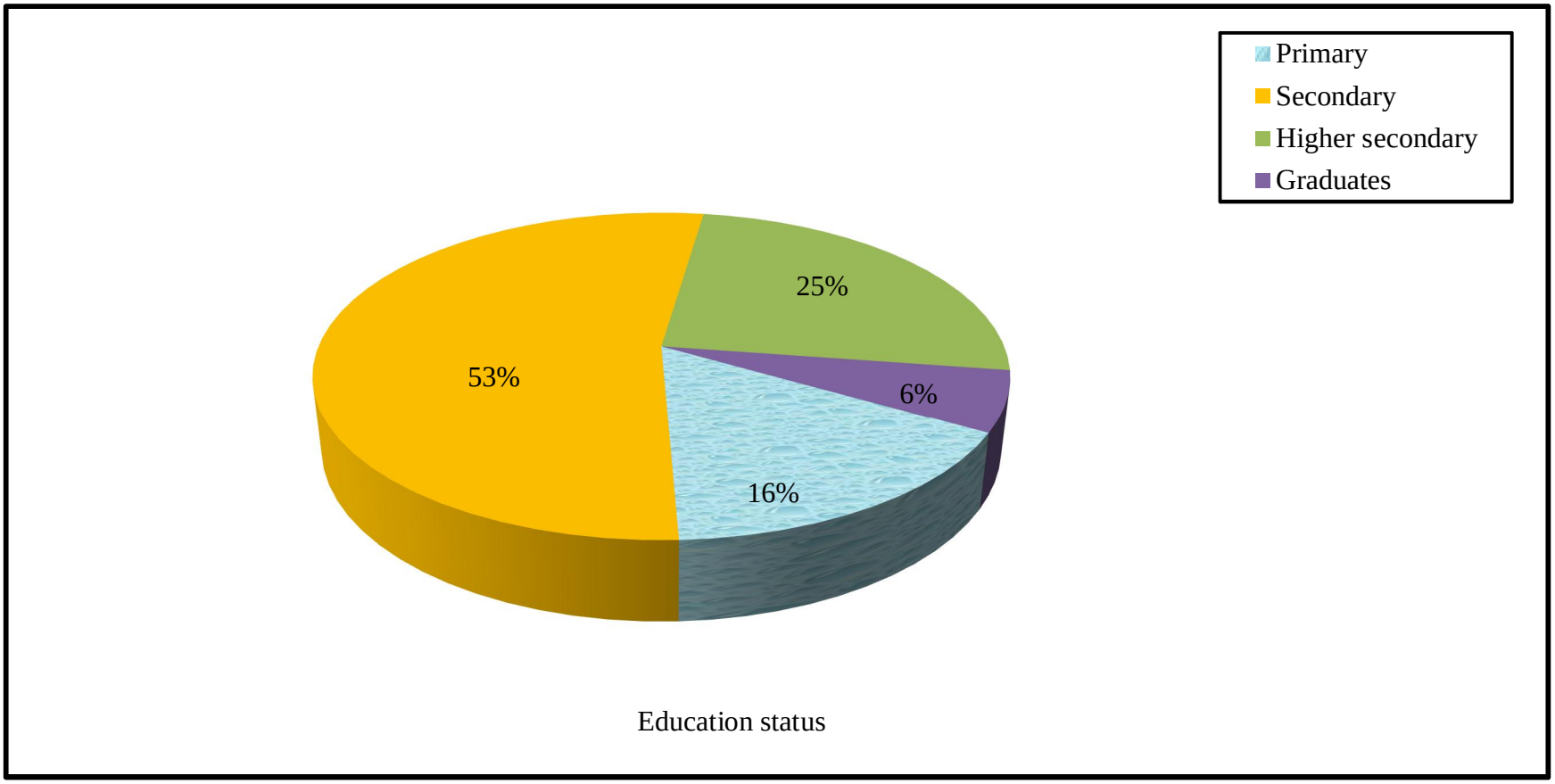

Fig.5: Percentage distribution of education among mothers of infant.

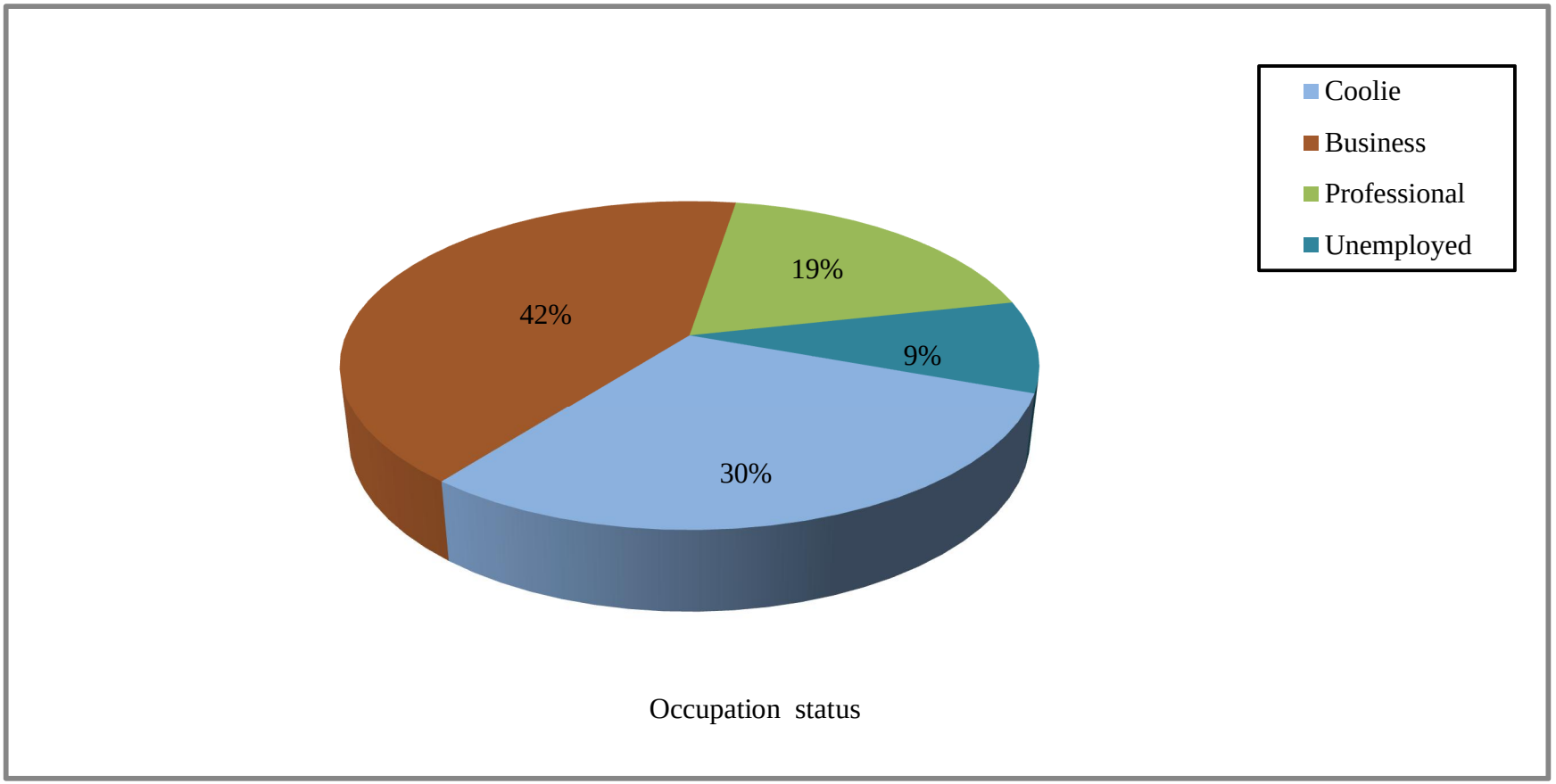

Fig.6: Percentage distribution of occupation status among mothers of infant.

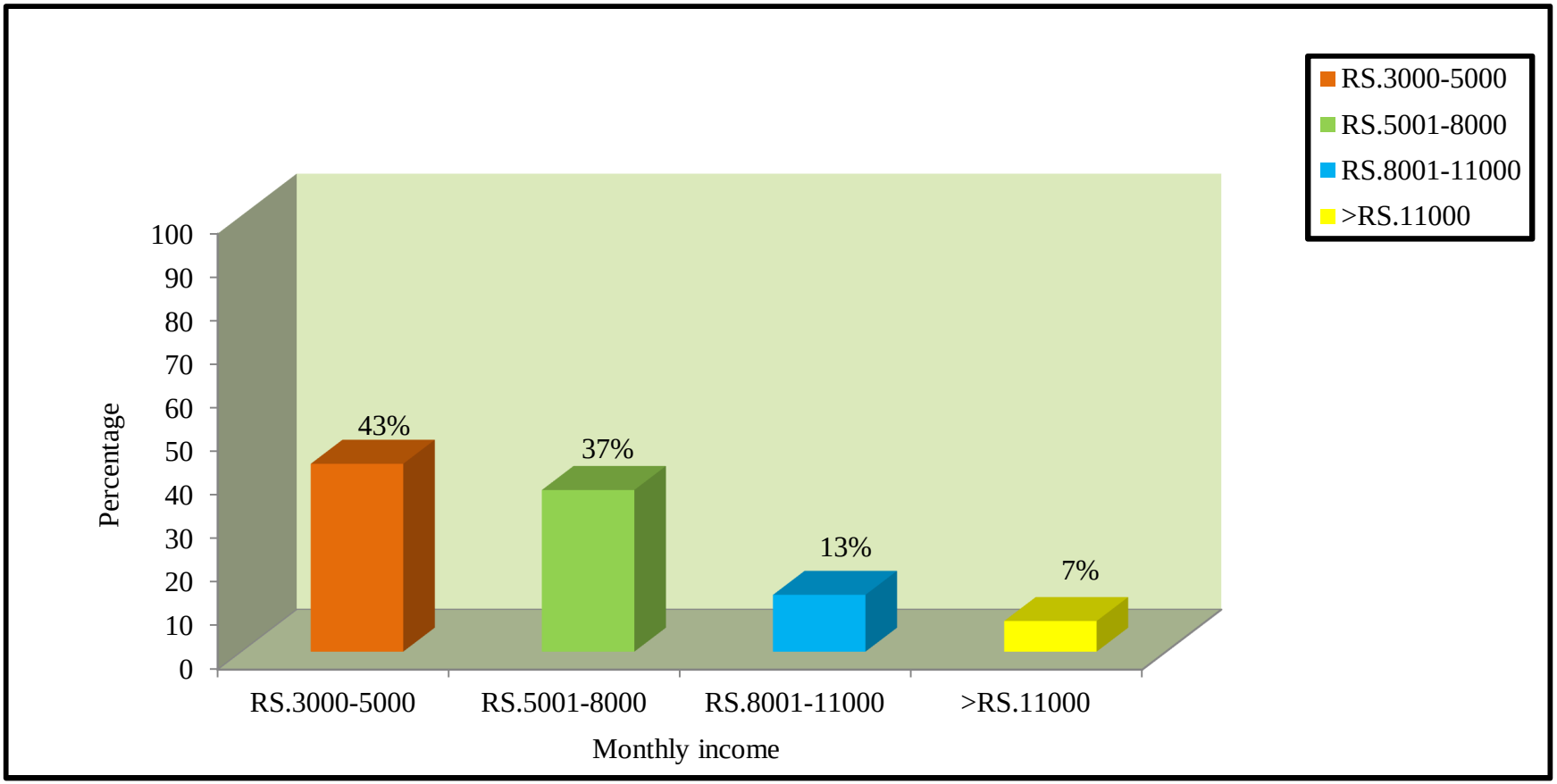

Fig.7: Percentage distribution of monthly income among mothers of infant.

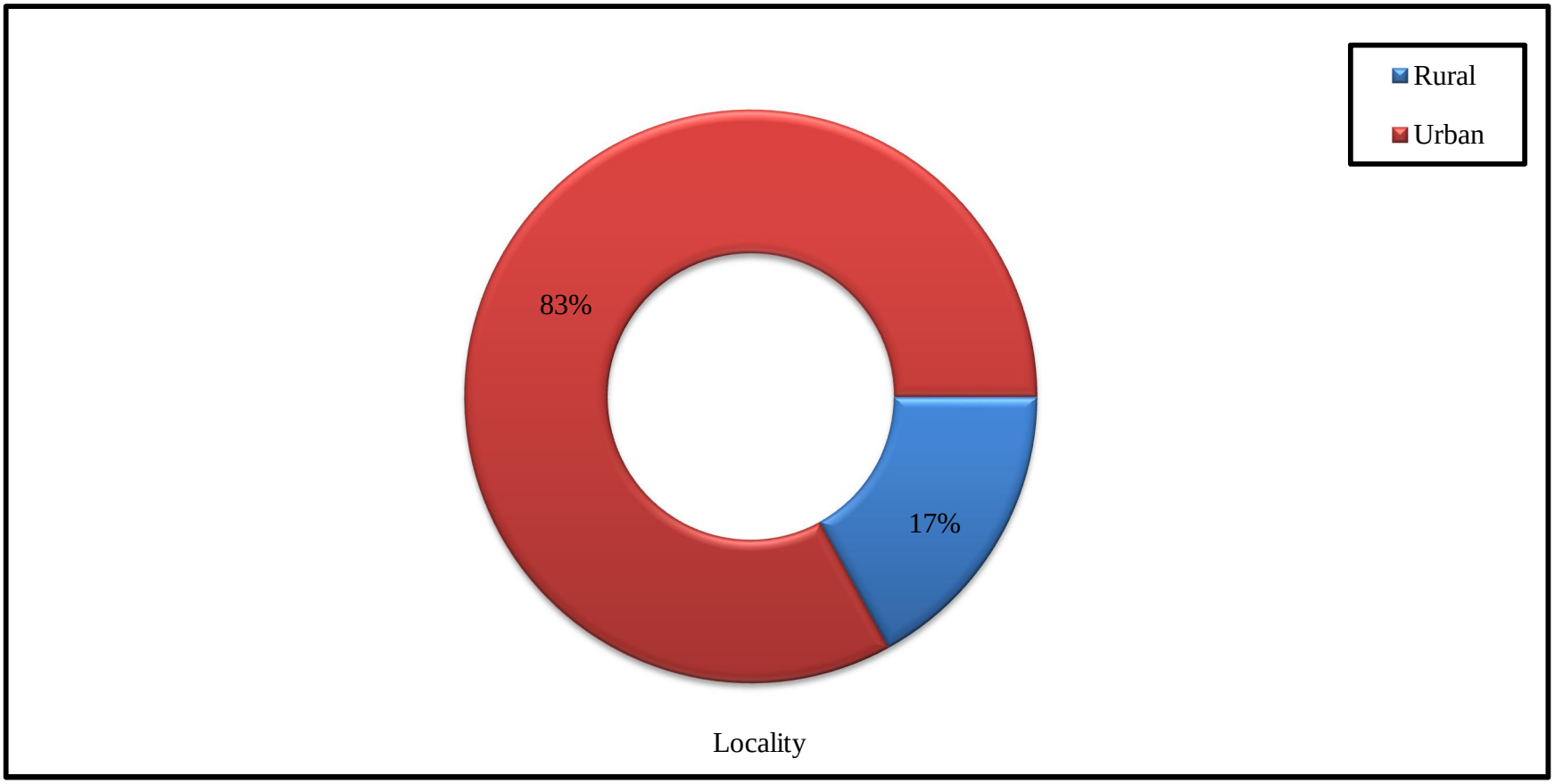

Fig.8: Percentage distribution of locality among mothers of infant.

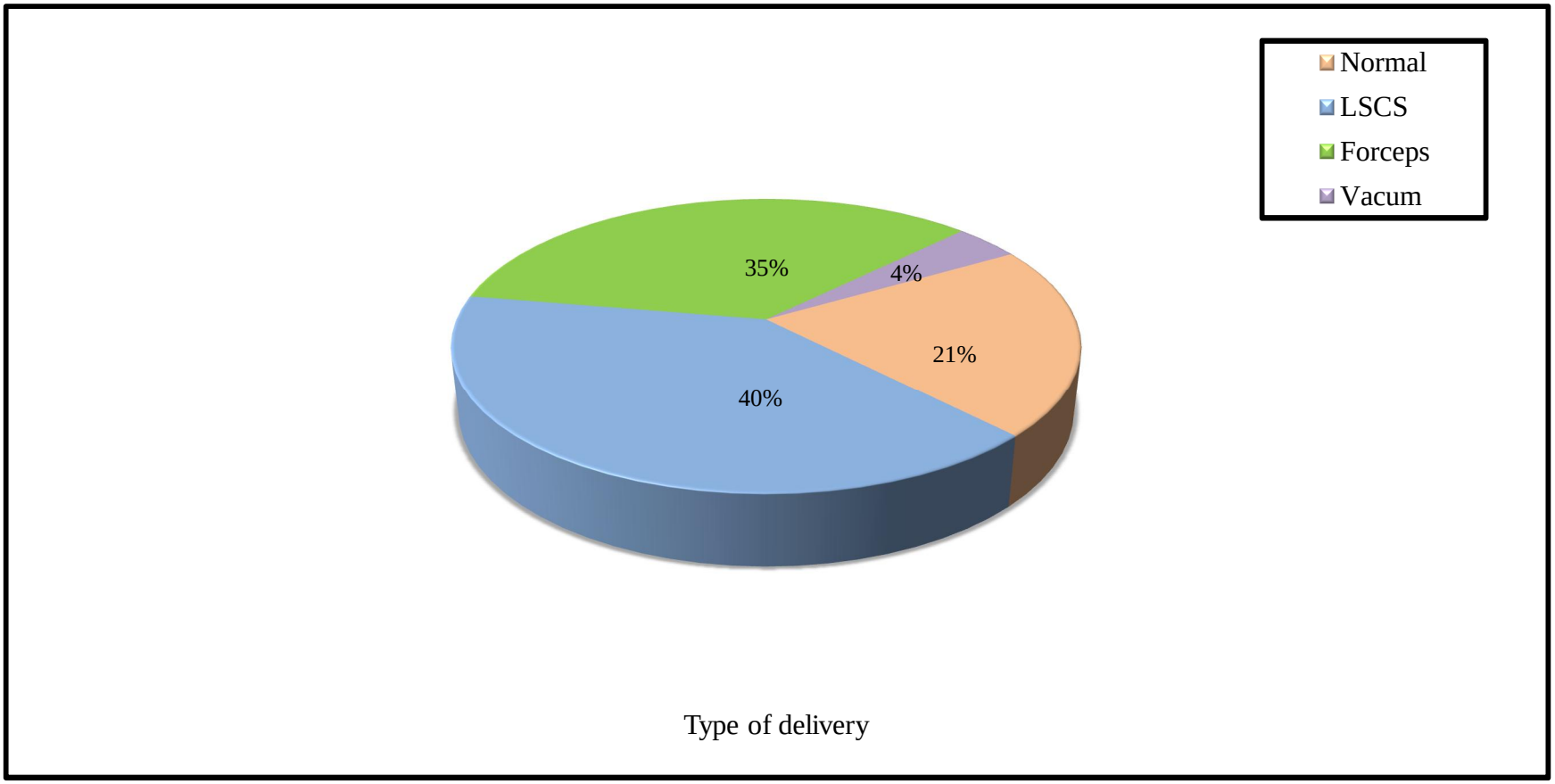

Fig.9: Percentage distribution of monthly type of delivery among mothers of infant.

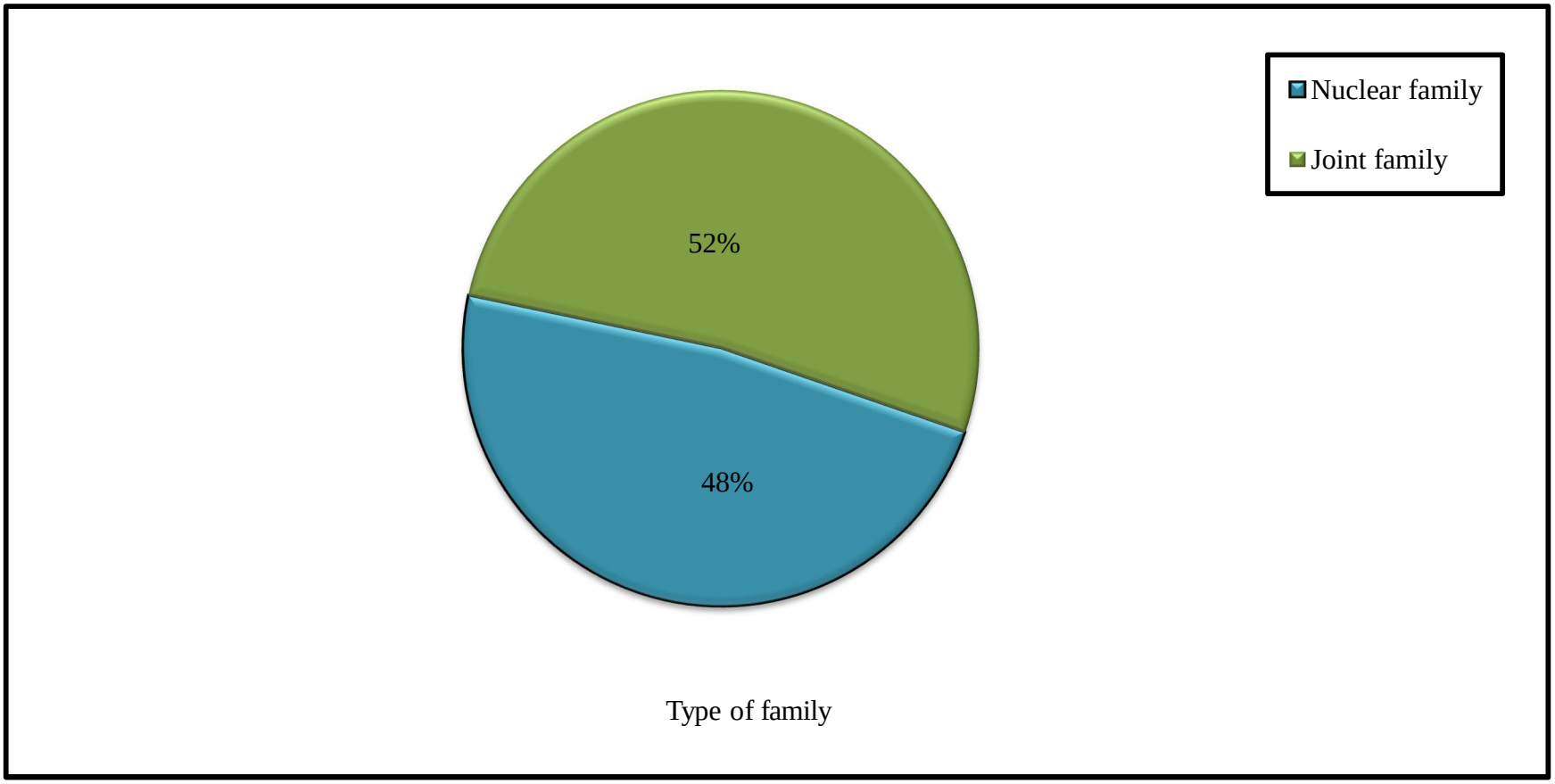

Fig.10: Percentage distribution of type of family among mothers of infant.

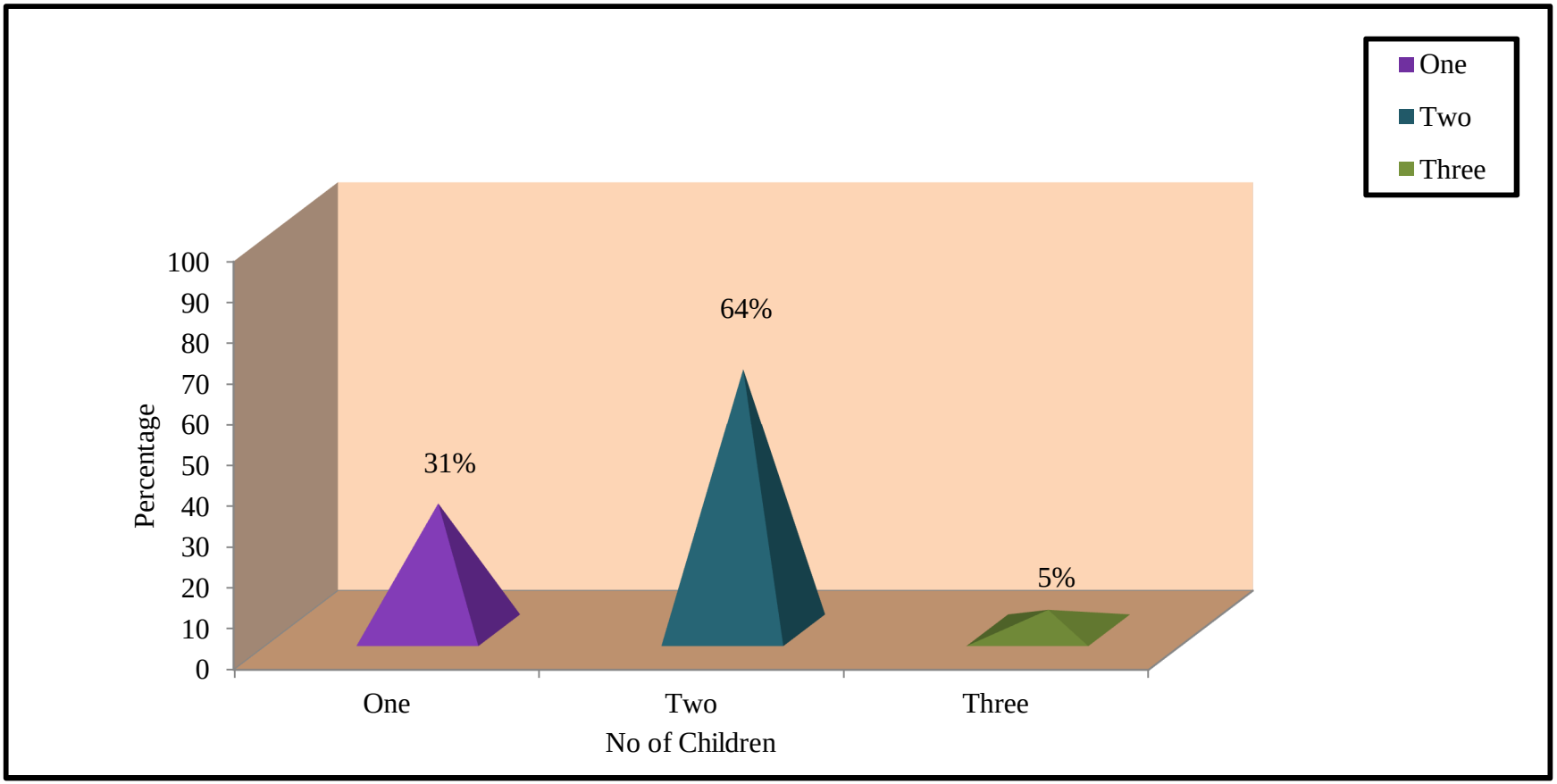

Fig.11: Percentage distribution of no of children among mothers of infant.

SECTION - B

Table 2: Frequency and percentage distribution of pre test level of knowledge regarding child rearing among mothers of infant.

N=100

Level of knowledge	Pre test	
	Frequency	**Percentage**
Inadequate	67	67
Moderately adequate	33	33
Adequate	0	0

Table 2 shows the frequency and percentage distribution of pre test level of knowledge regarding child rearing among mothers of infant. It indicates that 67 (67%) mothers had inadequate knowledge, 33 (33%) mothers had moderately adequate knowledge and none of the mothers of infant had adequate knowledge regarding child rearing.

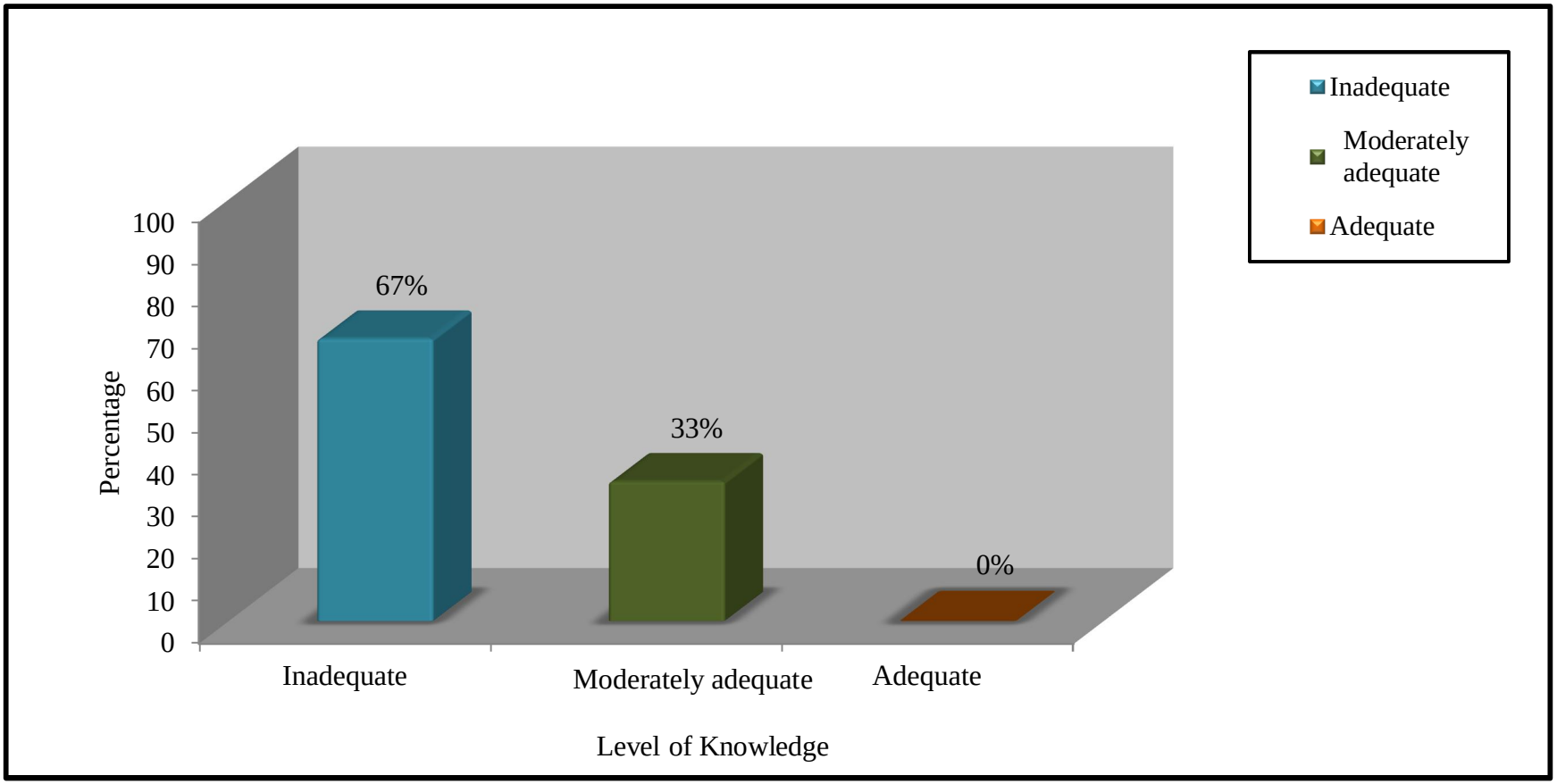

Fig.12: Percentage distribution of pre test level of knowledge among mothers of infant.

Table 3: Frequency and percentage distribution of pre test level of practice regarding child rearing among mothers of infant.

N=100

Level of practice	Pre test	
	Frequency	**Percentage**
Poor	72	72
Fair	28	28
Good	0	0

Table 3 shows the frequency and percentage distribution of pre test level of practice regarding child rearing among mothers of infant. It indicates that 72 (72%) mothers had poor practice, 28 (28%) mothers had fair practice and none of the mothers had good practice regarding child rearing.

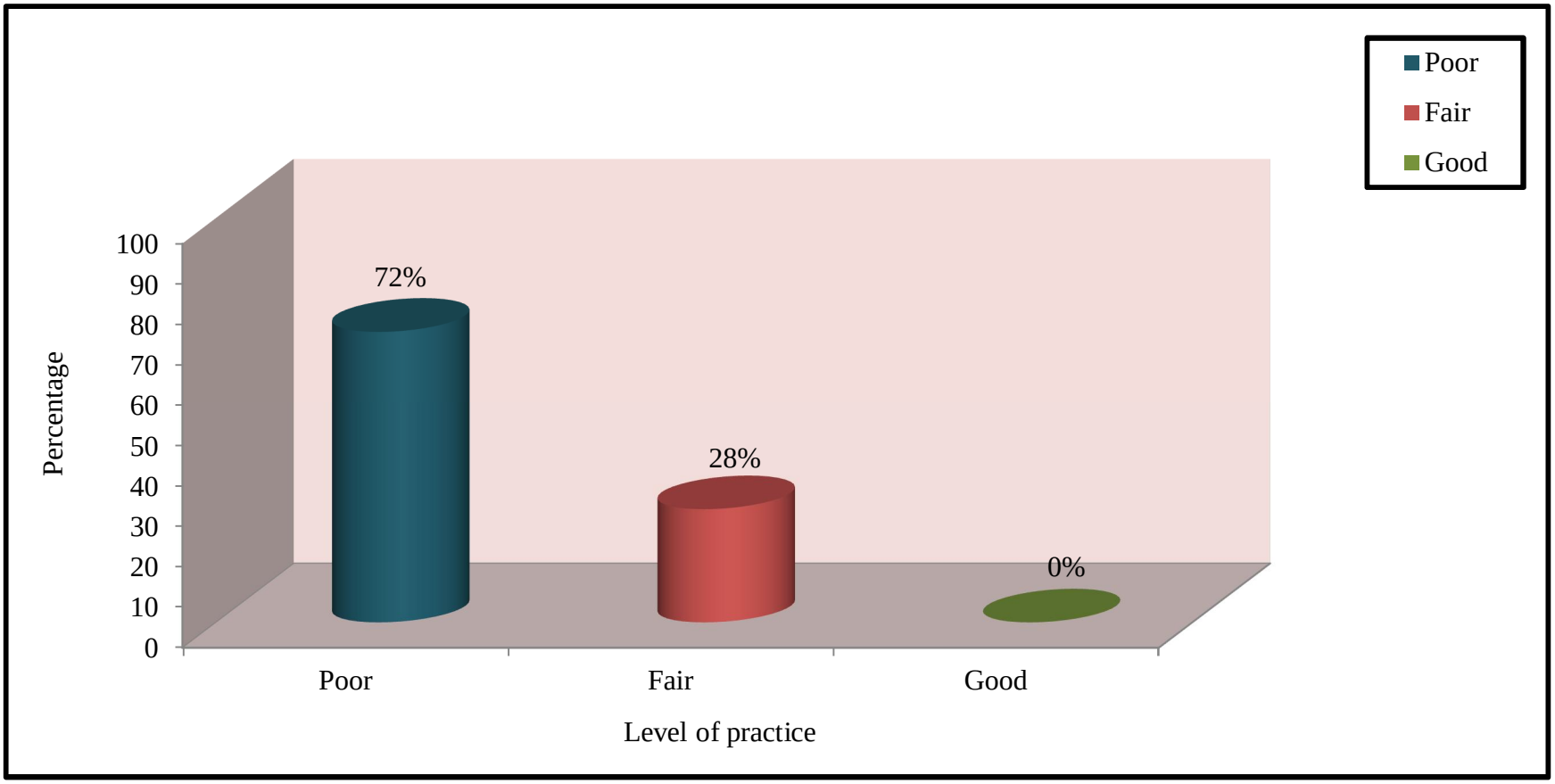

Fig.13: Percentage distribution of pre test level of practice among mothers of infant.

SECTION - C

Table 4: Frequency and percentage distribution of post test level of knowledge regarding child rearing among mothers of infant.

N=100

Level of knowledge	Post test	
	Frequency	**Percentage**
Inadequate	0	0
Moderately adequate	32	32
Adequate	68	68

Table 4 shows the frequency and percentage distribution of post test level of knowledge regarding child rearing among mothers of infant. It indicates that 68 (68%) mothers had inadequate knowledge, 32 (32%) mothers had moderately adequate knowledge and none of the mothers of infant had inadequate knowledge regarding child rearing.

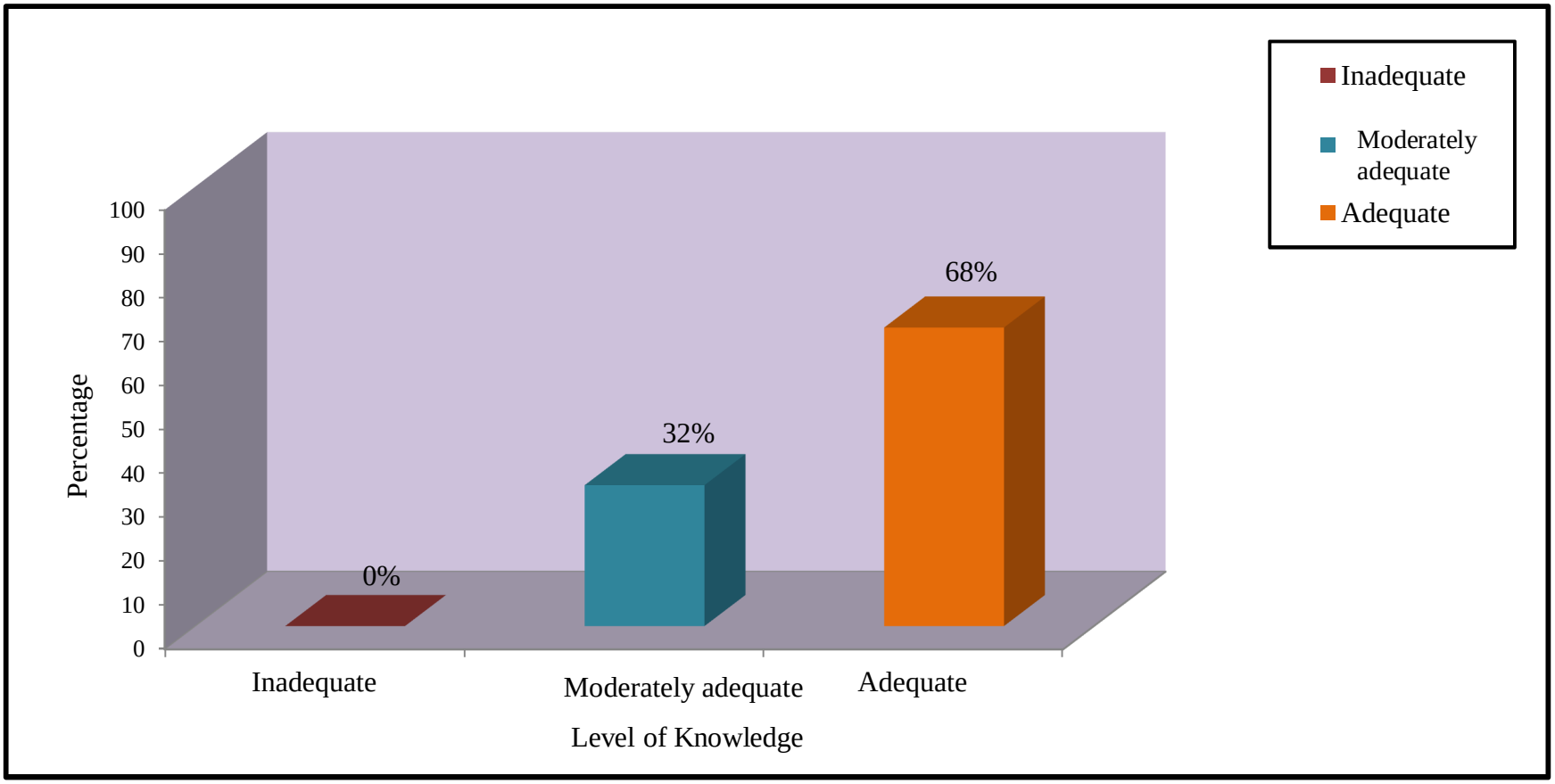

Fig.14: Percentage distribution of post test level of knowledge among mothers of infant.

Table 5: Frequency and percentage distribution of post test level of practice regarding child rearing among mothers of infant.

N=100

Level of practice	Post test	
	Frequency	**Percentage**
Poor	0	0
Fair	29	29
Good	71	71

Table 5 shows the frequency and percentage distribution of post test level of practice regarding child rearing among mothers of infant. It indicates that 71 (71%) mothers had good practice, 29 (29%) mothers had fair practice and none of the mothers of infant had poor practice regarding child rearing.

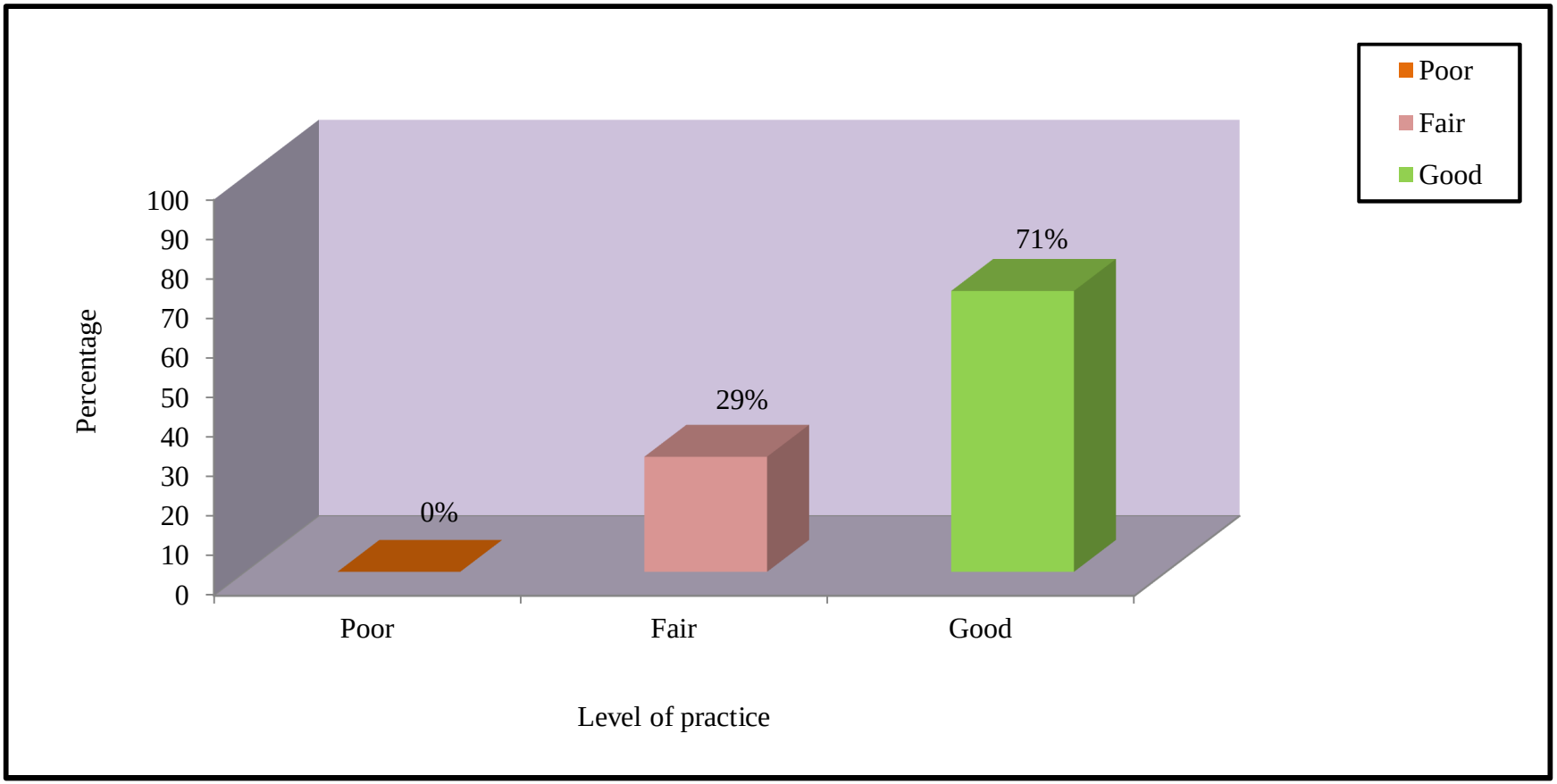

Fig.15: Percentage distribution of post test level of practice among mothers of infant.

SECTION – D

Table 6: Comparison of frequency and percentage of pre test and post test level of knowledge regarding child rearing among mothers of infant.

N=100

Level of Knowledge	Pre test level		Post test	
	Frequency	Percentage	Frequency	Percentage
Adequate	67	67	0	0
Moderately adequate	33	33	32	32
Inadequate	0	0	68	68

Table 6 shows that comparison of frequency and percentage distribution of pre and post test level of knowledge regarding child rearing among mothers of infant. In pre test level of knowledge 67 (67%) mothers had inadequate knowledge, 33 (33%) mothers had moderately adequate knowledge and none of the mothers of infant had inadequate knowledge regarding child rearing. In post test level of knowledge the majority of the mothers 68 (68%) had adequate knowledge, 32 (32%) mothers had moderately adequate knowledge and none of them had inadequate knowledge regarding child rearing among mothers of infant.

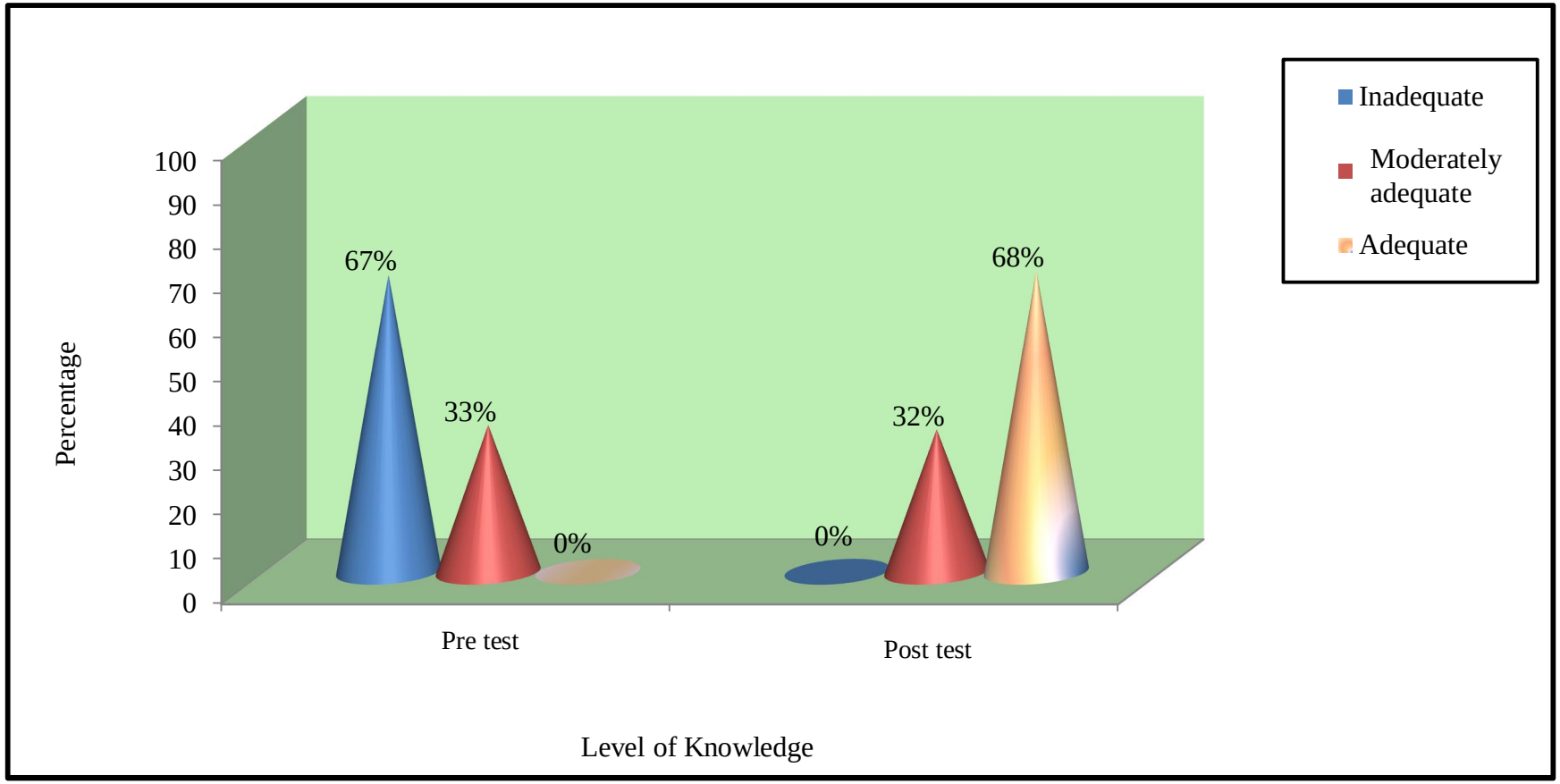

Fig.16: Comparison of percentage distribution of pre test and post test level of knowledge among mothers of infant.

Table 7: Comparison of frequency and percentage of pre test and post test level of practice regarding child rearing among mothers of infant.

N=100

Level of practice	Pre test		Post test	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Poor	72	72	0	0
Fair	28	28	29	29
Good	0	0	71	71

Table 7 shows that the comparison of pre and post test level of practice regarding child rearing among mothers of infant. In pre test level of practice 72 (72%) mothers had poor practice, 28 (28%) mothers had fair practice and none of the mothers of infant had good practice regarding child rearing. In post test level of practice 71 (71%) mother had good practice, 29 (29%) mothers had fair practice and none of the mothers of infant had poor practice regarding child rearing.

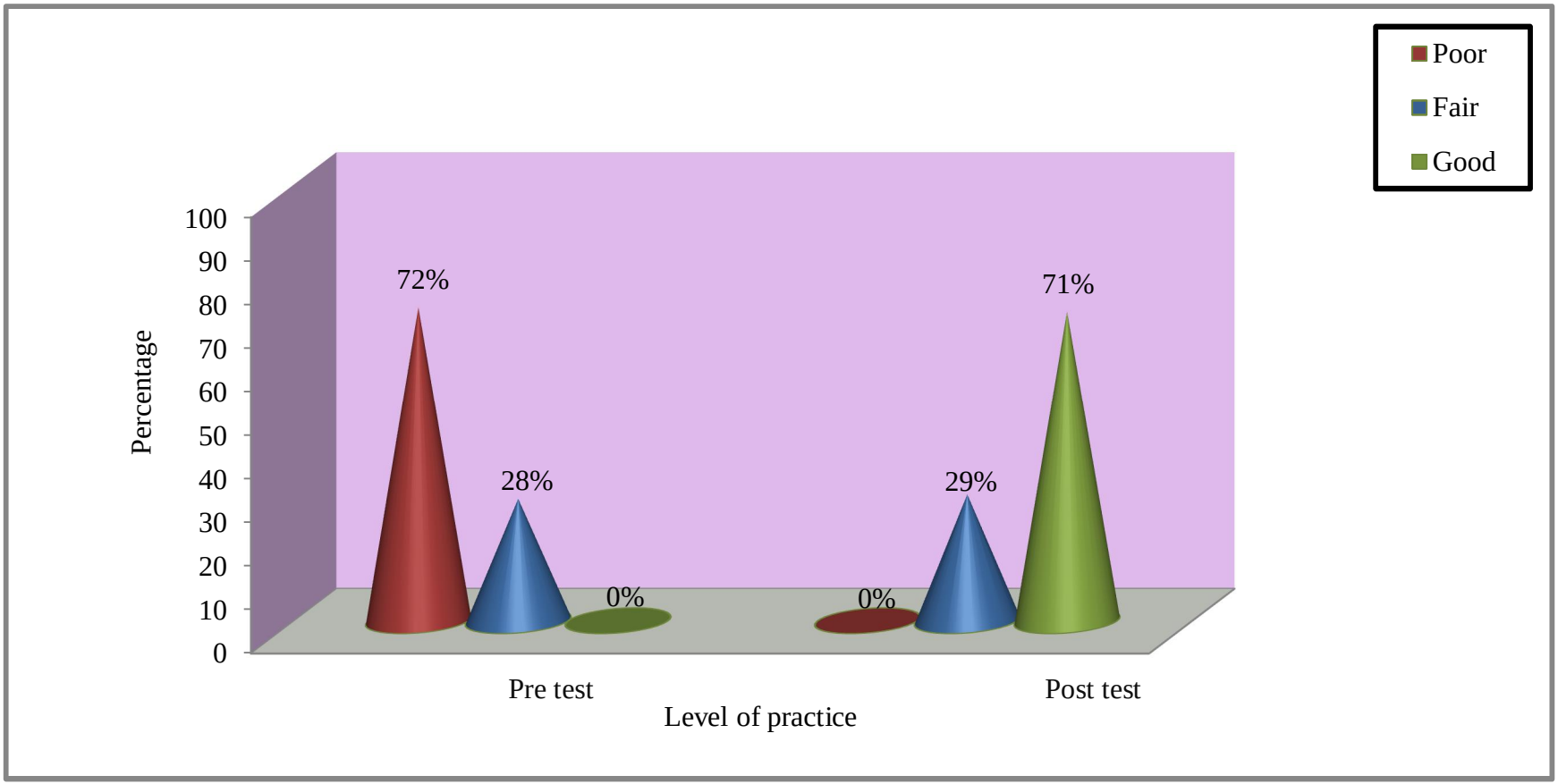

Fig.17: Comparison of percentage distribution of pre test and post test level of practice among mothers of infant.

SECTION – E

Table 8: Comparison of mean and standard deviation of pre test and post test level of knowledge regarding child rearing among mothers of infant.

N=100

Level of knowledge	Mean	Standard Deviation	Paired 't' test
Pre test	12.25	3.46	**20.7*** **
Post test	19.79	3.47	

***p< 0.001

Table 8 shows the comparison of mean and standard deviation between pre test and post test level of knowledge regarding child rearing among mothers of infant. Analysis reveals that the pre test level of knowledge mean score was 12.25 with the standard deviation of 3.46 and the post test level of knowledge mean score was 19.79 with the standard deviation of 3.47. The paired "t" test value of 20.7 was high significant at the level of $p<0.001$. The difference between pre test and post test level of knowledge score is high and it is statistically very high significant. Thus, it indicates the effectiveness of educational intervention package on child rearing among mothers of infant.

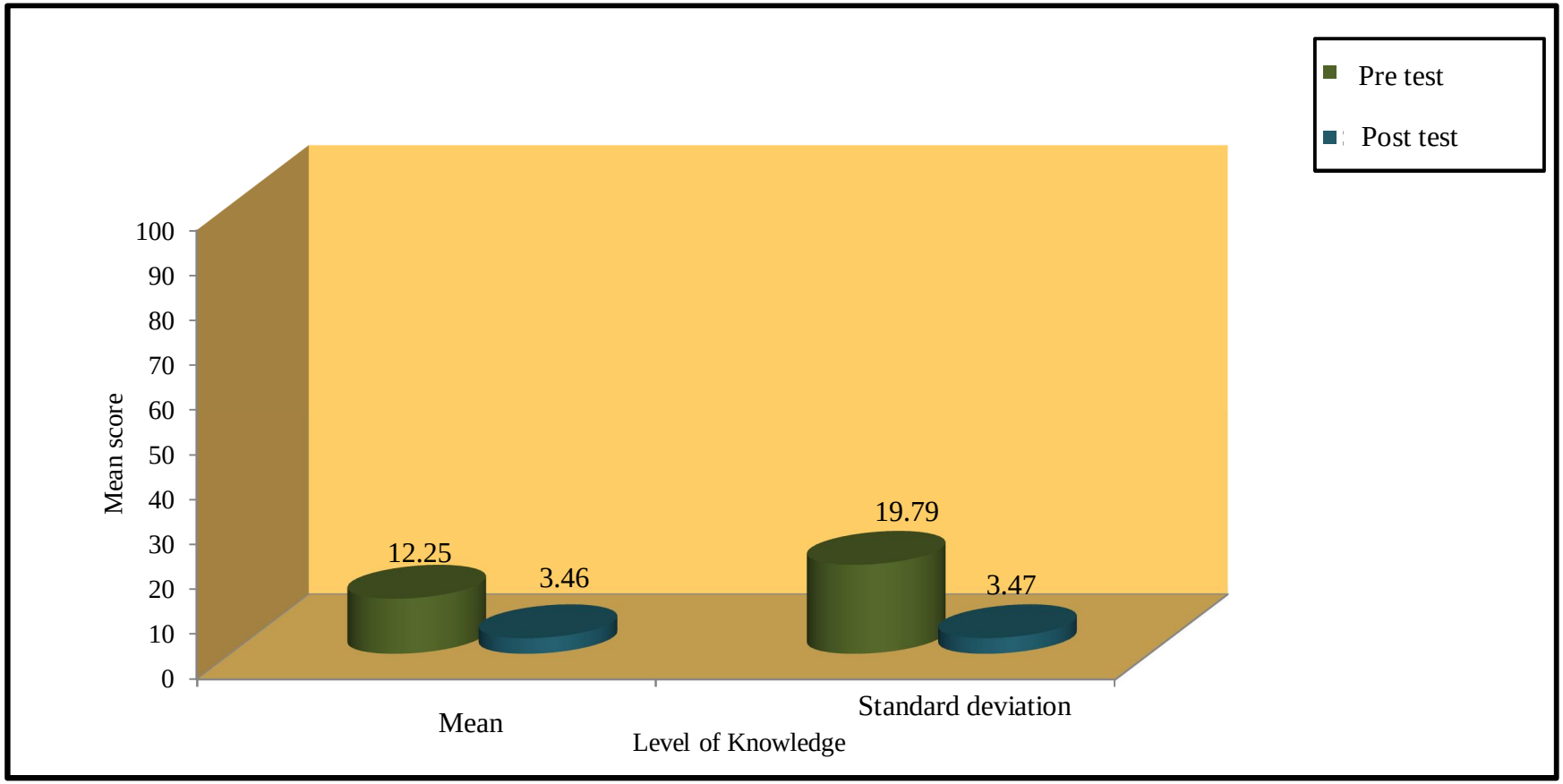

Fig.18: Comparison of mean and standard deviation of pre test and post test level of knowledge regarding child rearing among mothers of infant.

Table 9: Comparison of mean and standard deviation of pre test and post test level of practice regarding child rearing among mothers of infant.

N=100

Level of practice	Mean	Standard Deviation	Paired 't' test
Pre test	8.40	2.47	**22.17****
Post test	15.84	2.48	

***p < 0.001

Table 9 shows that the Comparison of mean and standard deviation between pre test and post test level of practice regarding child rearing among mothers of infant. Analysis reveals that the pre test practice mean score was 8.40 with the standard deviation of 2.47 and the post test practice mean score was 15.84 with the standard deviation of 2.48. The paired "t" test value of 22.17 was high significant at the level of $p<0.001$. The difference between pre test and post test level of practice score is high and it is statistically very high significant. Thus, it indicates that the effectiveness of educational intervention package on child rearing among mothers of infant.

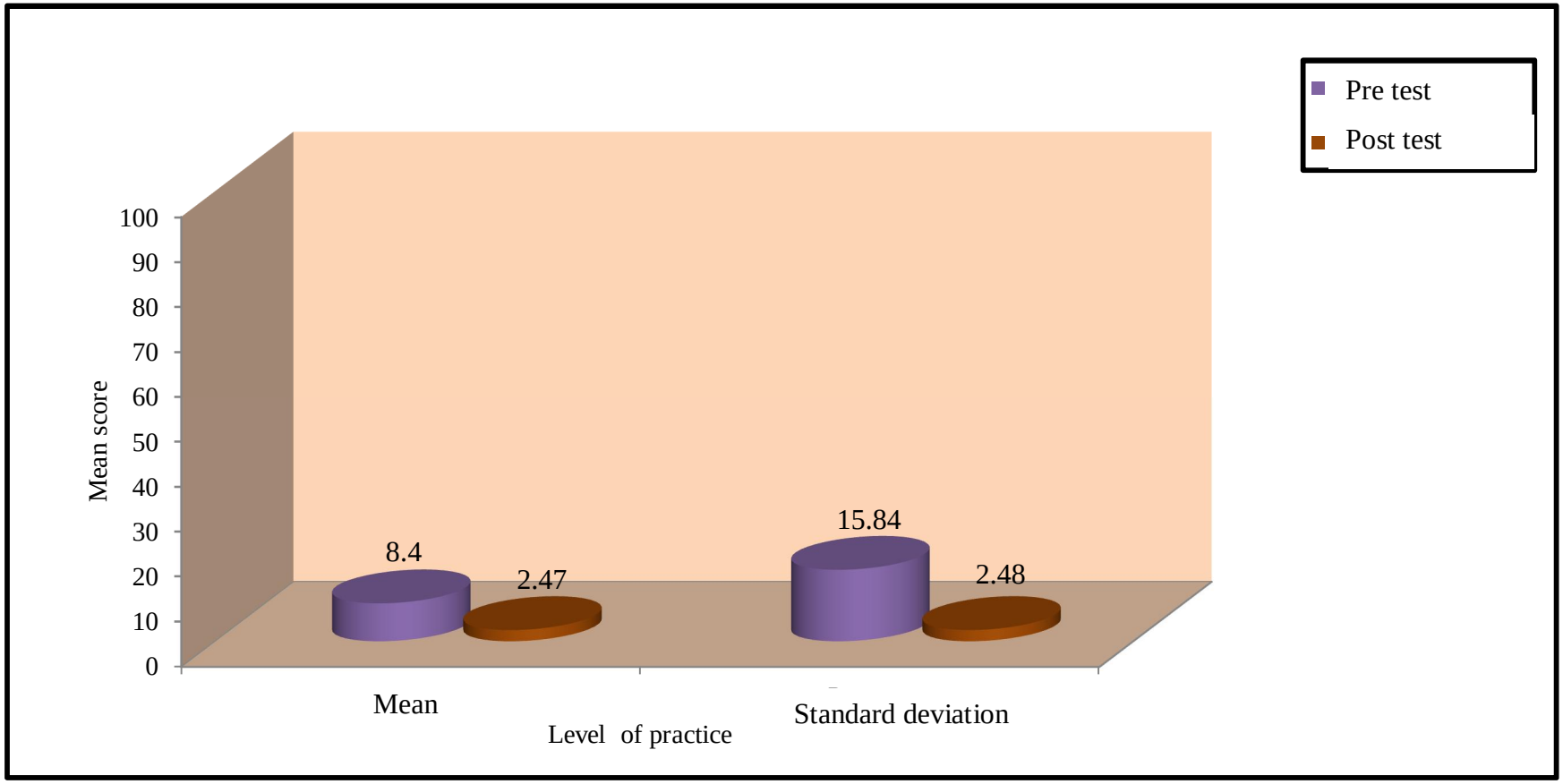

Fig.19: Comparison of mean and standard deviation of pre test and post test level of practice regarding child rearing among mothers of infant.

SECTION – F

Table 10: Correlation between post test level of knowledge and practice regarding child rearing among mothers of infant.

N=100

Assessment	Mean score	Standard Deviation	Karl pearson Correlation Coefficient (r)
Knowledge	19.97	3.42	**r = 0.57 S****
practice	15.84	2.48	

**p<0.01

Table 10 shows that the correlation between post test level of knowledge and practice regarding child rearing among mothers of infant. The analysis reveals the correlation between post test level of mother's knowledge and practice regarding child rearing were moderate correlated at the level of p<0.01.

SECTION – G

Table 11: Association between pre test level of knowledge regarding child rearing among mothers of infant with their demographic variables.

N=100

S. No	Demographic variables	Pre test level of knowledge				Chi square χ^2
		Inadequate		Moderate		
		n	%	n	%	
1	**Age**					
	18 -24 yrs	07	53.8	06	46.2	χ^2=1.19
	25 -30 yrs	48	68.6	22	31.4	df= 2
	31 -35 yrs	12	70.6	05	29.4	NS
2	**Religion**					
	Hindu	34	66.7	17	33.3	χ^2=2.50
	Christian	17	58.6	12	41.4	df=3
	Muslim	13	81.3	03	18.8	NS
	Others	03	75.0	01	25.0	
3	**Education**					
	Primary	10	62.5	06	37.5	
	Secondary	36	67.9	17	32.1	χ^2=1.23
	Higher secondary	18	72.0	07	28.0	df=4
	Graduates	03	50.0	03	50.0	NS
4	**Occupation**					
	Coolie	21	70.0	09	30.0	χ^2=1.17
	Business	27	64.3	15	35.7	df=3
	Professional	14	73.7	05	26.3	NS
	Unemployed	05	55.6	04	44.4	
5	**Income**					
	Rs. 3000 – 5000	27	62.8	16	37.2	χ^2=2.11
	Rs. 5001 – 8000	24	64.9	13	35.1	df=3
	Rs. 8001-11000	10	76.9	03	23.1	NS
	>Rs. 11000	06	85.7	01	14.3	
6	**Locality**					χ^2=1.83
	Rural	09	52.9	08	47.1	df=1
	Urban	58	69.9	25	30.1	NS
7	**Type of delivery**					
	Normal	15	71.4	6	28.6	χ^2=2.50
	LSCS	26	65.0	14	35.0	df=3
	Forceps	22	62.9	13	37.1	NS
	Vacum	04	100	00	0.0	
8	**Type of family**					χ^2=1.80
	Nuclear family	29	60.4	19	39.6	df=1
	Joint family	38	73.1	14	26.9	NS
9	**No. of children**					
	One	19	61.3	12	38.7	χ^2=2.79
	Two	46	71.9	18	28.1	df=2
	Three	02	40.0	3	60.0	NS

NS- Non significant

Table 11 shows the association of pre test level of knowledge with their selected demographic variables among mothers of infant. The analysis revealed that there was no association found with demographic variables.

Table 12: Association between post test level of knowledge regarding child rearing among mothers of infant with their demographic variables.

N=100

S. No	Demographic variables	Post test level of knowledge				Chi square χ^2
		Moderate		Adequate		
		n	%	n	%	
1	**Age**					
	18 -24 yrs	05	38.5	08	61.5	**χ^2=6.42**
	25 -30 yrs	26	37.1	44	62.9	**df=2**
	31 -35 yrs	01	5.9	16	94.1	**S***
2	**Religion**					
	Hindu	14	27.5	37	72.5	χ^2=6.70
	Christian	09	31.0	20	69.0	df=3
	Muslim	09	56.3	07	43.8	NS
	Others	00	0.0	04	100	
3	**Education**					
	Primary	10	62.5	06	37.5	**χ^2=10.41**
	Secondary	17	32.1	36	67.9	**df=4**
	Higher secondary	04	16.0	21	84.0	**S****
	Graduates	01	16.7	05	83.3	
4	**Occupation**					
	Coolie	09	30.0	21	70.0	χ^2=1.12
	Business	12	28.6	30	71.4	df=3
	Professional	07	36.8	12	63.2	NS
	Unemployed	04	44.4	05	55.6	
5	**Income**					
	Rs. 3000 – 5000	20	46.5	23	53.5	**χ^2=11.87**
	Rs. 5001 – 8000	08	21.6	29	78.4	**df=3**
	Rs. 8001-11000	03	23.1	10	66.9	**S*****
	>Rs. 11000	01	14.3	06	85.7	
6	**Locality**					χ^2=1.93
	Rural	03	17.6	14	82.4	df=1
	Urban	29	34.9	54	65.1	NS
7	**Type of delivery**					
	Normal	06	28.6	15	71.4	χ^2=4.26
	LSCS	09	22.5	31	77.5	df=3
	Forceps	15	42.9	20	57.1	NS
	Vacum	02	50.0	02	50.0	
8	**Type of family**					χ^2=2.07
	Nuclear family	12	25.0	36	75.0	df=1
	Joint family	20	38.5	32	61.5	NS
9	**No. of children**					
	One	07	22.6	24	77.4	χ^2=5.08
	Two	25	39.1	39	60.9	df=2
	Three	00	0.0	05	100	NS

NS- Non significant, S-Significant, *p<0.05, **p<0.01, ***p<0.001

Table 12 shows the association of post test level of knowledge regarding child rearing among mothers of infant with their demographic variables. The chi square value of 6.42 showed that there was a significant association between the age of mothers of infant and post test level of knowledge after administration of educational intervention package regarding child rearing at the level of $p< 0.05$.

The chi square value of 10.41 showed that there was highly significant association between the education of mothers of infant and post test level of knowledge after administration of educational intervention package at the level of $p<0.01$.The chi square value of 11.87 showed that there was very highly significant association between the income of mothers of infant and post test level of knowledge after administration of educational intervention package at the level of $p<0.001$.

Table 13: Association between pre test level of practice regarding child rearing among mothers of infant with their demographic variables.

N=100

S. No	Demographic variables	Pre test level of practice				Chi square χ^2
		Poor		Fair		
		n	%	n	%	
1	**Age**					
	18 -24 yrs	07	53.8	06	46.2	χ^2=2.62
	25 -30 yrs	53	75.7	17	24.3	df=2
	31 -35 yrs	12	70.6	05	29.4	NS
2	**Religion**					
	Hindu	36	70.6	15	29.4	χ^2=0.88
	Christian	20	69.0	09	31.0	df=3
	Muslim	13	81.3	03	18.8	NS
	Others	03	75.0	01	25.0	
3	**Education**					
	Primary	12	75.0	04	25.0	χ^2=0.42
	Secondary	39	73.6	14	26.4	df=4
	Higher secondary	17	68.0	08	32.0	NS
	Graduates	04	66.7	02	33.3	
4	**Occupation**					
	Coolie	21	70.0	09	30.0	χ^2=3.73
	Business	34	81.0	08	19.0	df=3
	Professional	11	57.9	08	42.1	NS
	Unemployed	06	66.7	03	33.3	
5	**Income**					
	Rs. 3000 – 5000	31	72.1	12	27.9	χ^2=0.07
	Rs. 5001 – 8000	27	73.0	10	27.0	df=3
	Rs. 8001-11000	09	69.2	04	30.8	NS
	>Rs. 11000	05	71.4	02	28.6	
6	**Locality**					χ^2=1.08
	Rural	14	82.4	03	17.6	df=1
	Urban	58	69.9	25	30.1	NS
7	**Type of delivery**					
	Normal	15	71.4	06	28.6	χ^2=2.74
	LSCS	32	80.0	08	20.0	df=3
	Forceps	22	62.9	13	37.1	NS
	Vacum	03	75.0	01	25.0	
8	**Type of family**					χ^2=0.06
	Nuclear family	34	70.8	14	29.2	df=1
	Joint family	38	73.1	14	26.9	NS
9	**No. of children**					
	One	22	71.0	09	29.0	χ^2=2.84
	Two	48	75.0	16	25.0	df=2
	Three	02	40.0	03	60.0	NS

NS- Non significant

Table 13 shows the association of pre test level of practice with their selected demographic variables among mothers of infant. The analysis revealed that there was no association found with demographic variables.

Table 14: Association of post test level of practice regarding child rearing among mothers of infant with their demographic variables.

N=100

S. No	DEMOGRAPHIC VARIABLES	Post test level of practice				Chi square χ^2
		Fair		Good		
		n	%	n	%	
1	**Age**					**χ^2=9.25 df=2 S****
	18 -24 yrs	08	61.5	05	38.5	
	25 -30 yrs	19	27.1	51	72.9	
	31 -35 yrs	02	11.8	15	88.2	
2	**Religion**					χ^2=0.95 df=3 NS
	Hindu	17	33.3	34	66.7	
	Christian	07	24.1	22	75.9	
	Muslim	04	25.0	12	75.0	
	Others	01	25.0	03	75.0	
3	**Education**					**χ^2=14.74 df=4 S****
	Primary	11	68.7	05	31.3	
	Secondary	12	22.6	41	77.4	
	Higher secondary	05	20.0	20	80.0	
	Graduates	01	16.7	05	83.3	
4	**Occupation**					χ^2=6.69 df=3 NS
	Coolie	08	26.7	22	73.3	
	Business	14	33.3	28	66.7	
	Professional	02	10.5	17	89.5	
	Unemployed	05	55.6	04	44.4	
5	**Income**					χ^2=3.15 df=3 NS
	Rs. 3000 - 5000	14	32.6	29	67.4	
	Rs. 5001 - 8000	11	29.7	26	70.3	
	Rs. 8001-11000	04	30.8	09	69.2	
	>Rs. 11000	00	00.0	07	100.0	
6	**Locality**					**χ^2=8.85 df=1 S****
	Rural	10	58.8	07	41.2	
	Urban	19	22.8	64	77.2	
7	**Type of delivery**					χ^2=0.42 df=3 NS
	Normal	05	23.8	16	76.2	
	LSCS	12	30.0	28	70.0	
	Forceps	11	31.4	24	68.6	
	Vacum	1	25.0	03	75.0	
8	**Type of family**					χ^2=0.01 df=1 NS
	Nuclear family	14	29.2	34	70.8	
	Joint family	15	28.8	37	71.2	
9	**No. of children**					χ^2=2.14 df=2 NS
	One	06	19.4	25	80.6	
	Two	21	32.8	43	67.2	
	Three	02	40.0	03	60.0	

NS- Non significant, S-Significant ** $p < 0.01$.

Table 14 shows the association of post test level of practice regarding child rearing among mothers of infant with their demographic variables. The chi square value of 9.25 showed that there was a significant association between the age of mothers of infant and post test level of practice after administration of educational intervention package regarding child rearing at the level of $p< 0.01$.

The chi square value of 14.74 showed that there was a significant association between the education of mothers of infant and post test level of practice after administration of educational intervention package at the level of $p<0.01$. The chi square value of 8.85 showed that there was a significant association between the locality of mothers of infant and post test level of practice after administration of educational intervention package at the level of $p<0.01$. So educational intervention package regarding child rearing among mothers of infant was very effective.

DISCUSSION

CHAPTER V

DISCUSSION

This chapter describes the result with respect of the objectives of the study. The study aimed to assess the effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of infant.

The hypothesis formulated was that there was a significant association between educational intervention package on knowledge and practice regarding child rearing among mothers of infant. The review of literature included related studies which provide a strong foundation for the study including the basis for conceptual framework and formation of tool.

The conceptual framework for this study was developed based on Widenbach's helping art of clinical nursing theory. The research design used in the study was pre experimental one group pre test and post test. It was carried out for 100 participants who fulfilled the inclusion criteria. Purposive sampling technique was used to select the samples among the target population.

The modified child rearing knowledge questionnaire and practice scale was distributed to the sample to assess the pre test level of knowledge and practice regarding child rearing. Educational intervention package was given to the mothers with the duration of 30- 45 minutes. The post test was conducted after fifth to seventh days by using the same tool.

The data collected were analyzed by using descriptive and inferential statistics. The frequency and percentage distribution of demographic variables of mothers. With respect to age 13 (13%) mothers were in the age group of 18 -24years. 70 (70%) mothers were in the age group of 25-30 years and 17 (17%) mothers were in the age group of 31-35 years. Related to religion 51 (51%) mothers were belongs to Hindu, 29 (29%) mothers belongs to Christian, 16 (16%) mothers

were belongs to Muslim, 04 (04%) mothers belongs to other religion. With regards to education 16 (16%) mothers had primary education, 53 (53%) mothers of infant had secondary education, 25 (25%) mothers had higher secondary education and only 06 (06%) mothers of infant were graduated. Considering the occupation 30 (30%) mothers were coolie, 42 (42%) mothers were belongs to Business, 19 (19%) mothers were professionals, 09 (09%) mothers were unemployed. With respect to family income 43 (43%) mothers were earning Rs.3,000 – 5,000, and 37 (37%) mothers were earning Rs.5,001 - 8,000 and 13 (13%) mothers were earning Rs.8,001- 11,000 and 07 (07%) mothers were earning more than Rs. 11,000.

In regards to locality 17 (17%) mothers resides in rural area, 83 (83%) mothers resides in urban areas. In accordance to mode of delivery 21 (21%) mothers delivered normally, 40 (40%) mothers delivered through LSCS, 35 (35%) mothers had Forceps delivery and 04 (04%) delivered through vaccum delivery. Related to the type of family 48 (48%) mothers belongs to nuclear family and 52 (52%) mothers were in joint Family. Considering the No. of children 31(31%) mothers have one child, 64 (64%) mothers have two children and 05 (05%) mothers have three children.

The first objective was to assess the pre test level of knowledge and practice regarding child rearing among mothers of infant.

The pre test level of knowledge and practice regarding child rearing among mothers of infant. It indicates that 67 (67%) mothers had inadequate knowledge, 33 (33%) mothers had moderately adequate knowledge and none of the mothers had adequate knowledge regarding child rearing. The pre test level of practice regarding child rearing among mothers of infant. It indicates that 72 (72%) mothers had poor practice, 28 (28%) mothers had fair practice and none of the mothers had good practice regarding child rearing.

The study correlate with Klejewski A et al., (2012) reviewed that the study was to examine the level of knowledge about breastfeeding among primi mothers. There were 192 pregnant women in labour were randomly selected and questioned.

The survey specially contained 30 questions. The majority of responders 98 declared breast feeding. 94 mothers knew that their milk contains all the essential ingredients for proper development of their young. The study concluded that the responders were equipped in knowledge on various levels. The study proves that the necessary of systematic and planned education for pregnant women is necessary and also the system of lactation counselling should be an integral part of post labour.

The second objective was to assess the post test level of knowledge and practice regarding child rearing among mothers of infant.

The post test level of knowledge regarding child rearing among mothers of infant. It indicates that 68 (68%) mothers had inadequate knowledge, 32 (32%) mothers had moderately adequate knowledge and none of the mothers of infant had inadequate knowledge regarding child rearing. The post test level of practice regarding child rearing among mothers of infant. It indicates that 71 (71%) mothers had good practice, 29 (29%) mothers had fair practice and none of the mothers of infant had poor practice regarding child rearing.

The study correlate with the Sellen D.W (1998) conducted a descriptive study on feeding practice of young child with the aim of social ecological nutritional factors affecting the growth and development of the nomadic population. The study was conducted in Bombay with 77 mothers who have 0-3 years of children and it was assessed about their 24 hours diet recall, anthropometry in the form of interview schedule. The study found that 40% of the children had growth deficit and the data revealed that 34 mothers had discarded colostrums due to inadequate knowledge. Hence the study concluded that the feeding practices were not effective for the child's growth and development.

The third objective of the study was to determine the effectiveness of Educational Intervention package regarding child rearing on knowledge and practice among mothers of infant.

The pre test and post test of knowledge regarding child rearing among mothers of infant. Analysis reveals that the pre test level of knowledge mean score

was 12.25 with the standard deviation of 3.46 and the post test level of knowledge mean score was 19.79 with the standard deviation of 3.47. The paired “t” test value was 20.7. Thus, it indicates the effectiveness of Educational intervention package on child rearing among mothers of infant.

The pre test and post test level of practice regarding child rearing among mothers of infant. Analysis reveals that the pre test practice mean score was 8.40 with the standard deviation of 2.47and the post test practice mean score was 15.84 with the standard deviation of 2.48. The paired “t” test value was 22.17 which was statistically significant at $p < 0.001$ level. The difference between pre test and post test level of practice was very high and statistically significant. Thus, it indicates the effectiveness of Educational intervention package on childrearing among mothers of infant.

The study correlate with Bagul, A .S. & Supare, M. S. (2012) conducted a study to assess the infant feeding practices in an urban slum and to determine the factors which influenced breast feeding. A community based cross sectional study was conducted in India during June 2011 to December 2011. The study variables used were the mother’s religion, occupation, sex, age of baby, breast feeding, weaning, knowledge of mothers etc. The fisher’s exact test was used for statistically analysis. Out of the 384 mothers, 125 mothers had started breastfeeding with in 1 hour of delivery. Colostrums were given by 82 mothers. Exclusive breastfeeding for 6 months was given by 142 mothers. The practice of exclusive breast feeding was more in the literate mothers and in mothers who were informed by the health personnel. The study concluded that inappropriate feeding practices are common in an urban slum.

The fourth objective of the study was to correlate the post test level of knowledge and practice regarding child rearing among mothers of infant.

The karl pearson correlation coefficient value of $r= 0.57$ at the level $p<0.01$ which showed moderate correlation between post test level of knowledge and practice regarding child rearing among mothers of infant.

The study correlate with Sheth, M. & Obrah, M. (2004) conducted a study to reduce the prevalence of diarrhoea in children and improving the knowledge, attitudes and practices of mothers regarding safe feeding practices. The study was conducted among 200 mothers of underprivileged children through Anganwadi workers. The food safety education package for hand washing, keeping the surrounding clean was introduced and the incidence of diarrhoea was reduced. The environment sanitation and personal hygiene score of most the households mothers were improved. The study concluded Anganwadi worker proved to be an effective change agent and was successful in bringing about a positive behaviour modification among mothers.

The fifth objective of the study was to associate the pre test and post test level of knowledge and practice regarding child rearing among mothers of infant with their selected demographic variables.

The association between level of knowledge regarding childrearing among mothers of infant with their demographic variables. In the pre test no association found with the demographic variables. But in the post test level of knowledge there were significant associations found. The chi square value of 6.42 showed that there was a significant association between the age of mothers of infant and post test level of knowledge after administration of educational intervention package regarding Child rearing at the level of $p< 0.05$.

The chi square value of 10.41 showed that there was highly significant association between the education of mothers of infant and post test level of knowledge after administration of educational intervention package at the level of $p<0.01$. The chi square value of 11.87 showed that there was very highly significant association between the income of mothers of infant and post test level of knowledge after administration of educational intervention package at the level of $p<0.001$.

The association between level of practice regarding child rearing among mothers of infant with their demographic variables. In the pre test no association

found with the demographic variables. But in the post test level of practice there were significant associations found. The chi square value of 9.25 showed that there was a significant association between the age of mothers of infant and post test level of practice after administration of educational intervention package regarding child rearing at the level of $p< 0.01$.

The chi square value of 14.74 showed that there was a significant association between the education of mothers of infant and post test level of practice after administration of educational intervention package at the level of $p<0.01$. The chi square value of 8.85 showed that there was a significant association between the locality of mothers of infant and post test level of practice after administration of educational intervention package at the level of $p<0.01$. So the study proved that educational intervention package regarding child rearing among mothers of infant was very effective.

SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATIONS, AND LIMITATIONS

CHAPTER VI

SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

The heart of the research project lies in reporting the findings of the study. This is the most creative and demanding part of the study. This chapter gives a brief account of the present study including the conclusions drawn from the findings, suggestions for the study, nursing implications, recommendations and limitation of the study. The present study was intended to know the level of knowledge regarding child rearing among mothers of infant.

SUMMARY

The study was conducted to determine the effectiveness of educational Intervention package on knowledge and practice regarding child rearing among mothers of infant. The purpose of the study was to helping the mothers in gaining adequate knowledge and practice by providing educational intervention package regarding child rearing among mothers of infant.

The objectives of the study were as follows

1. To assess the pre test level of knowledge and practice regarding child rearing among mothers of infant.
2. To assess the post test level of knowledge and practice regarding child rearing among mothers of infant.
3. To determine the effectiveness of educational intervention package regarding child rearing on knowledge and practice among mothers of infant.
4. To correlate the post test level of knowledge and practice regarding child rearing among mothers of infant.
5. To associate the pre test and post test level of knowledge and practice regarding child rearing among mothers of infant with their selected demographic variables.

The hypothesis formulated that there was significant association between educational intervention package regarding child rearing among mothers of infant. The review of literature included related researches which provide a strong foundation for the study including the basis for conceptual framework and formation of tool.

The conceptual framework for this study was developed based on Widenbach's helping art of clinical nursing theory. The research design used in the study was pre experimental one group pre test and post test. It was carried out with 100 participants who fulfilled the inclusion criteria. Purposive sampling technique was used to select the samples among the target population.

The data collection tool was validated and reliability was established. After the pilot study the data collection for the main study was done. The tool was distributed to the sample to assess the pre test level of knowledge and practice regarding child rearing among mothers of infant. Educational intervention package was given to the mothers of infant for the duration of 30-45 minutes. The post test was assessed after 5-7days by using same tool to assess the knowledge and practice regarding child rearing among mothers of infant.

The data collected were analyzed using descriptive and inferential statistics. The frequency and percentage distribution of demographic variables of mothers of infant. With respect to age 13 (13%) mothers were in the age group of 18 -24years. 70 (70%) mothers were in the age group of 25-30 years and 17 (17%) mothers were in the age group of 31-35 years.

The pre test level of knowledge 67 (67%) mothers had inadequate knowledge, 33 (33%) mothers had moderately adequate knowledge and none of them had inadequate knowledge. In post test level of knowledge the majority of the mothers 68 (68%) had adequate knowledge 32 (32%) had moderately adequate knowledge and none of them had inadequate knowledge regarding child rearing among mothers of infant. The pre test level of practice 72 (72%) mothers had poor practice, 28 (28%) mothers had fair practice and none of them had good practice.

In post test level of practice 71 (71%) mother had good practice, 29 (29%) mothers had fair practice and none of them had poor practice regarding child rearing among mothers of infant.

Comparison of mean and standard deviation between pre test and post test level of knowledge regarding child rearing among mothers of infant. Analysis reveals that the pre test level of knowledge mean score was 12.25 with the standard deviation of 3.46 and the post test level of knowledge mean score was 19.79 with the standard deviation of 3.47. The paired "t" test value of 20.7 was high significant at the level of $p<0.001$. The difference between pre test and post test level of knowledge score is high and it is statically very high significant.

Comparison of mean and standard deviation between pre test and post test level of practice regarding child rearing among mothers of infant. Analysis revealed that the pre test practice mean score was 8.40 with the standard deviation of 2.47and the post test practice mean score was 15.84 with the standard deviation of 2.48. The paired "t" test value of 22.71 was high significant at the level of $p<0.001$. The difference between pre test and post test level of practice score is high and it is statically very high significant. The Karl Pearson correlation coefficient between post test level of knowledge and practice regarding child rearing among mothers of infant. The analysis reveals the correlation of post test level of mother's knowledge and practice regarding child rearing were moderate correlated at the level of $p<0.01$. Hence it indicates the effectiveness of Educational intervention package on child rearing among mothers of infant.

CONCLUSION

The present study assessed the effectiveness of Educational Intervention Package. The study findings revealed that there was a significant improvement in the level of knowledge and practice regarding child rearing among mothers of infant after providing Educational Intervention Package. Based on the statistical findings it is evident that provision of such kind of Educational Intervention Package helped the mothers of infant to acquire knowledge and practice regarding child rearing.

Therefore information Educational Intervention Package on knowledge and practice regarding child rearing was very important to meet the needs of the mothers and their vulnerable infant well being.

NURSING IMPLICATIONS

The findings of the study have implications in various areas of nursing education, practice, administration and nursing research.

Nursing Practice

A paediatric nurse is the one who is having the opportunity to come in contact with the infant and their caregivers during their hospitalization. She has a vital role in identifying or assessing their need to provide care of the infant. Collaborative training program regarding activities of daily basic care and its needs to be provided for the mothers of infant.

Nursing personnel who is majority in the health care setting will remain constantly with the patient in providing care. So nurses should give importance in providing information to mothers about the care of children. So the care has to be included in the nursing care plan devised for the Child rearing.

The education in the clinical area should be provided in the form of updating the knowledge of the staff by providing relevant in service education program, emphasis in importance of parental participation in taking care of the child. Nurse after special training program also play the role of nurse educators. She has to assess the needs of infant and plan the activities for the mother to take care of their children.

Nursing Education

Nurse educators are not only have a role to educate the students, but also to educate the staff to prepare them and update their knowledge, so as to enhance the

application of theory into practice. Biological and psychological needs of infant should be included in the curriculum.

The educational institutions must provide opportunities for nursing students to get training from various department of paediatrics, then nurses can learn to know about their needs to assess and plan of care, participate and implement in care of infant. Students must be encouraged to organize many educational programs for the mothers to create awareness on need of child rearing.

Nursing Administration

According to the technological advances and ever growing challenges of the health care needs, the administrator has a responsibility to provide with substantive continuing educational opportunities. The nurses to update their knowledge, skills and quality of care. The nurse administrator should concentrate more in the part of legal and ethical issues in Child rearing.

The nurse administrators can formulate a standard practice protocols for the Childrearing. The administrators should motivate the caregivers for their responsibility in taking care of the child. Nursing administrators should plan and implement collaborative training involving health team members and care givers.

Nursing Research

Nurse researcher should be motivated to conduct more studies to identify the strategies of imparting knowledge and practice to mothers of child rearing. Nurse researcher should focus on identifying the needs of infants and parental support to satisfy those needs.

Nurse researcher should publish the study findings and communicate the findings regarding parental support to meet the needs of child rearing to enhance evidence based practice. Nursing researcher should encourage and conduct further researches related to creating awareness to parents especially primary caregivers about their role in promoting the child rearing.

RECOMMENDATIONS

- A similar study can be replicated on a small sample.
- A similar study can be replicated with a control group
- A similar study can be replicated in a community area.

LIMITATIONS

During the period of the study the investigator faced the difficulties of short duration in data collection and the mothers were emotionally affected and also the investigator felt difficult together the mother.

REFERENCES

REFERENCES

BOOKS

- Achar. (1969). *Text book of paediatrics.* (2nd ed.). Philadelphia: Orient Longman publishers.
- Basavanthappa, T. B. (2002). *Nursing research*. (2nd ed.). Bangalore: Jaypee brothers publications.
- Chellappa. J. M.(1995). *Paediatric nursing.* (1st ed.). Bangladesh: Gajana book publishers and distributors.
- Data, P. (2007). *Paediatric nursing.* (1st ed.). New Delhi: Jaypee publishers.
- Evgina, et al.,(1985). *Nursing care of children.* (10th ed.). Philadelphia: Lippincott publishers.
- Ganie, B. H. (2007). *Child development, its Nature & course.* (4 th ed.). New York: mc Graw Hill Company.
- Ghai, O. P. (2004). *Essential paediatrics.* (6th ed.). New Delhi: Jaypee brother medical publishers.
- John, K. B. (1999). *Research in education on paediatrics.* (7th ed.). New delhi: ganesh publishers.
- Gupta. (1995). *The short text book of paediatrics*. (7th ed.).New Delhi: Medical publishers.
- Kyle, T. (2008). *Essentials of pediatric Nursing.* (1st ed.). New delhi : W.K Pvt Ltd.
- Lewis, (2008). *Child development.* (5th ed). New York: Mosby publishers.
- Marlow, (1971). *Textbook Pediatrics.* (15th ed). Philadelphia: W.B. Saunder's company.

- Laura, E. B (2007). *Child development*. (1st ed.). New delhi: Pashupathi publishers.
- Murray, & Kenny, M. C. (2010). *Foundation of maternal Newborn and women's health nursing* (5 th ed.). London: Elsevier, 570-571.
- Olds, B. S., & Ladewing, P., et al., (1996). *Maternal newborn nursing, a family centered approach.* (5th ed.). California: Addison Wesley, 251-253.
- Paula, K. (2006). *Baby care*. (3rd ed.).New delhi: Jaico publishing house.
- Polit, F. (2006), *Nursing research*. (7th ed.) New York: Lippincott Williams and wikkins company.
- Sharma, R. (1993). *Methodology of education research* (3rd ed.). New delhi: vera publishers.
- Sundar, et al., (1981). *Introduction to biostatistics, a manual for students in health science.* (3rd ed.). Vellore: M.C publications.
- Tommy, A. N. (2006). *Nursing theorists and their work.* (6th ed.). Missouri: Mosby publication.
- Virgina, M. A. (1998) *Play therapy*. (3rd ed.) Calfornia: Churchill living stone.
- Wesely. (1994) Theories and models. (2nd ed.). Pennsylvania: Spring house corporation Ltd.
- Wong, L. D. & Perry, E. S.(1998). *Maternal child nursing care.* (2 nd ed.). London: Mosby.

JOURNALS

- Holley J. L., (2006). Committee on Infectious disease. Recommended childhood immunization schedule, *American Academy of Paediatrics*, 117(1).239-240.
- Sonnenschein A. M., et al.,(2010). Duration and exclusiveness of breastfeeding and childhood asthma related symptoms, *International breastfeeding journal* 6-14.
- Anjalin, D. (2009), Nutritional status and feeding practices of children, *Nightingale nursing time*, 5(3).
- Judy, S. (2006), Childhood immunizations, *Advanced for Nurses*, 6 (3).
- Kanta sagal (2005), Importance of play in child's life, *Nightingale nursing times*, 21, 48-50.
- Lindu (1999). Parental knowledge of the treatment of fever in children. *Isracl medical association Journal* 1, 158-160.
- Mary M. (2004). Parenting a child with development needs. *Candian nurse*, 100(5).
- Sandra W. (2007) Breast feeding and intelligence in children. *British medical journal*. 22(12).
- Suraj J. (2006) Developmental milestone and health of infants. *Nursing and midwifery journal*. 21(97).

ONLINE ABSTRACT

- Aggarwal H. (2008). Knowledge of mothers regarding complementary feeding. *Indian journal of paediatrics*. 75 (1). 49-53.
- Catherine S. Tamis et al., (1997). Mother's knowledge about children's play and language development, developmental psychology. *Indian journal of paediatrics*. 84 (5).

NET REFERENCE

- http//www.google.com
- http//www.medline.com
- http//www.pubmed.com
- http//www.yahoo.com
- www.nafenindia.com
- www.unevoc.unesco.org

APPENDICES

APPENDIX – A

PART - I

DEMOGRAPHIC VARIABLES OF MOTHERS OF INFANT

1) Age of the mother
   a) 18- 24 years
   b) 25-30years
   c) 31-35 years

2) Religion
   a) Hindu
   b) Christian
   c) Muslim
   d) Others

3) Education of mother
   a) Primary
   b) Secondary
   c) Higher secondary
   d) Graduates

4) Occupation
   a) Coolie
   b) Private employee
   c) Govt employee
   d) unemployed

5) Monthly Family income
   a) Rs. 3000 - 5000
   b) Rs. 5001-8000
   c) Rs. 8001-11,000
   d) Rs. 11,000 &above

6) Locality

a) Rural

b) Urban

7) Type of delivery

a) Normal delivery (or) vaginal delivery

b) Lower Segment Caesarean Section (LSCS) delivery

c) Forceps delivery

d) Vacum extraction delivery

8) Type of family

a) Nuclear

b) Joint

9) No. of children in the family

a) One

b) Two

c) Three

PART - II

MODIFIED CHILD REARING KNOWLEDGE SCALE (CRKS)

(Journal of Ann Indian Acad Neurol. 2010Jul-Sep; 171 -179)

GENERAL INFORMATION

1. What is child rearing practice?
    a. Brining up of child by parents or parent substitute
    b. Modifying the behaviour of child
    c. Feeding the child practice
    d. Giving other liquid

2. What is the factors which influence the child rearing practice?
    a. Social class, wealth &income
    b. Physical factors
    c. Seasonal factors
    d. Environmental factors

3. What is the use of child rearing practices?
    a. Prevent from strangers
    b. Modify the behaviour habits
    c. Meet the holistic needs of an infant
    d. Prevent from disease

4. How does the baby explore the world?
    a. Through interacting with parents and family members
    b. Through playing with toys
    c. Through sleeping
    d. Through feeding

5. Who play the most important role in bringing up a child?
    a. Father
    b. Mother
    c. Grand parents
    d. Others

GROWTH & DEVELOPMENT

6. When does a baby's weight become approximately double the birth weight?

   a. 3 months
   b. 5 months
   c. 9 months
   d. 1 year

7. When does a baby attain head control normally?

   a. 2 months
   b. 4 months
   c. 6 months
   d. 1 year

8. When does a baby start sitting without support?

   a. 4 months
   b. 6 months
   c. 8 months
   d. 10 months

9. Normally when does a baby start saying syllabus like 'da', 'pa' etc?

   a. 4-6 months
   b. 6-8 months
   c. 8-10 months
   d. 12 months

10. Which one of the following is most helpful for mental development of the baby?

    a. breast milk
    b. Food given by the mother
    c. Mother's love and care
    d. Play

NUTRITION

11. When should breast feeding be initiated after a normal delivery?
    a. Within half an hour
    b. Within 1hour
    c. Within 2 hour
    d. Within 4 hour

12. How long should breast feeding be continued?
    a. Up to 6 months
    b. Up to 1 year
    c. Up to 2 years
    d. As long as the baby needs

13. What is the correct time for beginning supplementary feeding?
    a. At 4 months
    b. At 6 months
    c. At 1 year
    d. Any age

14. What is the food given at 1 year/
    a. Rice & vegetables
    b. Fish and minced meat
    c. Fruits
    d. Masted home food

15. Which one of the following is most helpful for the physical development of the baby?
    a. Breast milk
    b. Protein
    c. Cow milk
    d. Iron

PERSONAL HYGIENE

16. What should you do before breast feeding the child?
    a. Clean the breast with water and dry
    b. Position the baby
    c. Find the place to food
    d. Make the baby to sleep

17. What is the best method to sterilize the feeding articles?
    a. Boil with water
    b. Wash with water
    c. Rinse with water
    d. Keep under sun light

18. How often should you bath the baby?
    a. Once a week
    b. Twice a week
    c. Twice a day
    d. Once a day

19. How often should you change the diaper?
    a. As soon as it is soiled
    b. After half n hour
    c. After the baby sleeps
    d. Every one hour

20. What is the ideal way to clean the baby's clothes?
    a. Wash with soap and water and dry in shade
    b. Wash with soap and water and dry in sunlight
    c. Wash just like any other clothes
    d. Always dip in disinfection solution, before washing

SAFETY AND SECURITY

21. How can you safeguard a baby against infections?
    a. By immunizing the baby
    b. By giving daily bath
    c. By keeping the baby away from infected person
    d. All the above

22. Which one of the following immunization need not be repeated during infancy?
    a. BCG vaccine
    b. DPT
    c. Oral polio vaccine
    d. HB vaccine

23. Which one of the following accidents can occur to an infant?
    a. Falls, aspiration and drowning
    b. Driving the tricycles
    c. Climbing the up straits
    d. More visitors

24. How can you prevent suffocation in infants?
    a. Keep plastic bags out of reach of babies
    b. Keep toys out of reach of babies
    c. Keep the baby away from the pet animals
    d. Keep the baby away from the tub

25. How will you modify the feeds if the baby gets diarrhoea?
    a. Continue breast feeding and give more fluids
    b. Stop breast feeding and give more fluids
    c. Give fiber diet
    d. Stop feeding the baby.

PART – III

MODIFIED CHILD REARING PRACTICE SCALE (CRPS)

(Journal of Ann Indian Acad Neurol. 2010Jul-Sep171 -179)

S.NO	ITEMS	YES	NO
1.	Whether you check the weight of your baby		
2.	Do you check the normal development of your baby (social smile, head holding etc)?		
3.	Are you currently breastfeeding your baby?		
4.	Are you started complimentary feeding (-ve item)?		
5.	Whether you able to timely initiate breastfeeding within half an hour if normal delivery/ within 4 h if Caesarean?		
6.	Whether you able to give the first milk (Colostrums) to your baby?		
7.	Are you able to meet the needs of your baby during night time?		
8.	Do you keep the baby clean?		
9.	Whether you bathe the baby by yourself?		
10.	Do you groom and dress the baby by yourself?		
11	Whether you wash the baby's dresses with soap and water and dry in sunlight?		
12.	Whether you wash your hands before caring the baby?		
13.	Do you restrict persons with infection from handling your baby?		
14.	Whether you give immunizations to your baby on scheduled dates?		
15.	Is your baby sleeping with you in the same bed/same room during night?		
16.	Do you keep your baby on a mat on the floor?		
17.	Are you having the habit of covering the baby?		
18.	Have your baby met with any accidents (e.g. falling from the cot/cradle/hand, injury from pointed objects)? (-ve item)		
19.	Are you able to console your baby when he/she cries?		
20.	Whether you talk to your baby/introduce family members to him?		

KEYS

CHILD REARING KNOWLEDGE

QUESTION.NO	ANSWER	QUESTION.NO	ANSWER
1	a	14	c
2	a	15	a
3	a	16	a
4	a	17	a
5	b	18	c
6	b	19	a
7	b	20	b
8	b	21	a
9	c	22	a
10	a	23	a
11	a	24	a
12	b	25	a
13	b		

பாகம் - I

தாயின் பொது விவரங்கள்

1. தாயின் வயது

   அ) 18-25 வயது

   ஆ) 26-30வயது

   இ) 31-35வயது

2. மதம்

   அ) இந்து

   ஆ) கிருஸ்துவர்

   இ) இஸ்லாம்

   ஈ) மற்ற மதம்

3. கல்வித் தகுதி

   அ) ஆரம்பக்கல்வி

   ஆ) மேல் நிலைக்கல்வி

   இ) உயர்மேல் நிலைக்கல்வி

   ஈ) பட்டதாரி

4. தொழில்

   அ) கூலி

   ஆ) தனியார் வேலை

   இ) அரசு வேலை

   ஈ) வேலையதுமில்லை

5. குடும்ப மாத வருமானம்

   அ) ரூ.3000-5000

   ஆ) ரூ.5001-8000

   இ) ரூ.8001-11,000

   ஈ) ரூ.11,000த்திற்க்கும் மேல்

6. வசிக்கும் இடம்

அ) கிராமம்

ஆ) நகரம்

7. பிரசவ முறை

அ) சுகப் பிரசவம்

ஆ) அறுவை சிகிச்சை மூலம் பிரசவம்

இ) ஆயுத பிரசவம்

ஈ) மற்றவை

8. குடும்ப வகை

அ) தனிக்குடும்பம்

ஆ) கூட்டுக்குடும்பம்

9. குழந்தையின் வரிசை

அ) ஒன்று

ஆ) இரண்டு

இ) மூன்று

பாகம் - II

குழந்தைவளர்ப்புபராமரிக்கும் முறை பற்றிய அறிவுத்திறனை பரிசோதித்தல்

பொதுவிவரங்கள்

1. குழந்தைவளர்ப்புஎன்றால் என்ன?

   அ) பெற்றோர்அல்லதுஉறவினர்மூலம்குழந்தைவளர்த்தல்

   ஆ) குழந்தையின் நடத்தையை மாற்றுத்தல்

   இ) குழந்தைகளுக்கு உணவளித்தல்

   ஈ) மற்ற திரவம் கொடுத்தல்

2. குழந்தைவளர்ப்புமுறையைநிர்ணையிக்கும் காரணிகள்?

   அ) சமூகவர்க்கம், செல்வம்மற்றும்வருவாய்

   ஆ) உடல்ரீதியானகாரணிகள்

   இ) பருவகாலகாரணிகள்

   ஈ) சுற்றுச்சுழல் காரணிகள்

3. குழந்தைவளர்ப்புமுறையின் பயன்கள் யாவை?

   அ) அந்நியர்களிடமிருந்துதடுப்பு

   ஆ) பழக்கவழக்கங்களில் மாற்றம்

   இ) ஒருகுழந்தையின்முழுமையானதேவைகளைபூர்த்திசெய்தல்

   ஈ) நோயைத்தடுக்கஉதவும்

4. குழந்தை எப்படிஉலக மாற்றங்களை அறிந்து கொள்ள முடியும் ?

   அ) பெற்றோர்மற்றும்குடும்பஉறுப்பினர்களின்தொடர்புமூலம்

   ஆ) பொம்மைகளுடன்விளையாடுவதன் மூலம்

   இ) தூக்கத்தின் மூலம்

   ஈ) உணவின்மூலம்

5. குழந்தைவளர்ப்பில் முக்கிய பங்கு வகிப்பது யார்?

   அ) தந்தை

   ஆ) தாய்

   இ) தாத்தாபாட்டி

   ஈ) மற்றவர்கள்

வளர்ச்சிமற்றும்மேம்பாடு

6. குழந்தையின் எடை எப்போது இரு மடங்காகும்?

அ) 3 மாதங்களில்

ஆ) 5 மாதங்களில்

இ) 9 மாதங்களில்

ஈ) 1 ஆண்டுகளில்

7. குழந்தைதலைகட்டுப்பாட்டைஎப்போதுஅடையும்?

அ) 2 மாதங்களில்

ஆ) 4 மாதங்களில்

இ) 6 மாதங்களில்

ஈ) 1ஆண்டுகளில்

8. குழந்தை துணைஇன்றி எப்போது உட்காரும்?

அ) 4 மாதங்களில்

ஆ) 6 மாதங்களில்

இ) 8 மாதங்களில்

ஈ) 10 மாதங்களில்

9. குழந்தை,"டா","பா "போன்ற வார்த்தையை எப்போதுசொல்ல தொடங்கும்?

அ) 4-6 மாதங்களில்

ஆ) 6-8 மாதங்களில்

இ) 8-10 மாதங்களில்

ஈ) 12மாதங்களில்

10. குழந்தையின்மன வளர்ச்சிக்கு மிகவும் உதவியாக இருப்பது?

அ) தாய் பால்

ஆ) தாய் மூலம் உணவு அளித்தல்

இ) தாயின் அன்பு மற்றும் கவனிப்பு,

ஈ) மேலே கொடுக்கப்பட்டுள்ளஅனைத்து

11. பிரசவத்திற்கு பிறகு தாய்பால்எப்பொழுதுகொடுக்கவேண்டும்?

அ)அரைமணி நேரத்திற்குள்

ஆ) 1 மணி நேரத்தில்

இ) 2 மணி நேரத்தில்

ஈ) 4 மணி நேரத்தில்

12. தாய்ப்பால் எவ்வளவு காலம் தொடர்ந்து கொடுக்க வேண்டும?

அ) 6 மாதங்கள் வரை

ஆ) 1 ஆண்டுவரை

இ) 2 ஆண்டுகள்வரை

ஈ) குழந்தையின் தேவைக்கேற்ற

13. இணைஉணவு தொடங்க சரியானவயது எது?

அ) 4 வது மாதத்தில்

ஆ) 6 வது மாதத்தில்

இ) 1 ஆண்டுகளில்

ஈ) எந்த வயதிலும்

14. 1 வயது குழந்தைக்கு வழங்கப்படும் உணவு என்ன?

அ) அரிசி மற்றும் காய்கறிகள்

ஆ) மீன் மற்றும் துண்டு துண்தாக வெட்டப்பட்ட இறைச்சி

இ) பழங்கள்

ஈ) மசித்த வீட்டு உணவு

15. குழந்தையின் உடல் வளர்ச்சிக்கு மிகவும் உதவியாக இருப்பது?

அ) தாய் பால்

ஆ) மாட்டுபால்

இ) புரதம்

ஈ) இரும்பு

சுகாதாரம்

16. தாய் பால் கொடுப்பத்திற்க்கு முன் என்ன செய்ய வேண்டும்?

அ) மார்பகங்களைதண்ணீர்மூலம் சுத்தம்செய்து உலர்ந்தவேண்டும் .

ஆ) குழந்தையைசரியான இடத்தில்பொருத்துதல்

இ) பாலுட்டும்இடத்தை கண்டறிதல் .

ஈ) குழந்தையை தூங்க வைத்தல்

17. பாலுட்டும்/ உணவளிக்கும் பொருட்களை சுத்தம்செய்ய சரியான முறை?

அ) நீருடன் சேர்த்து கொதிக்க வைத்தல்

ஆ) நீரினால் சுத்தம் செய்தல்

இ) நீரினால் அலசுதல்

ஈ) சூரியஒளியின் கீழ் வைத்தல்

18. குழந்தையைஎப்பொழுது எல்லாம் குளிப்பாட்ட வேண்டும்?

அ) வாரத்திற்கு ஒரு முறை

ஆ) வாரத்திற்கு இரு முறை

இ) ஒரேநாளில்இரு முறை

ஈ) ஒரேநாளுக்கு ஒரு முறை

19. குழந்தையின்அணையாடைஎப்பொழுது மாற்றவேண்டும்?

அ) நனைந்தவுடன்

ஆ) அரைமணி நேரம் கழித்து

இ) குழந்தைதூங்கிய பின்

ஈ) ஒரு மணி நேரத்திற்கு ஒருமுறை

20. குழந்தைகளின் துணியை எவ்வாறு சுத்தம் செய்வீர்கள்?

அ) சோப்பு மற்றும் நீரின் மூலம் சுத்தம் செய்து நிழலில் உலர்த்தவேண்டும்

ஆ) சோப்பு மற்றும் நீரின் மூலம் சுத்தம் செய்து சூரியஒளியில் உலர்த்த வேண்டும்

இ) மற்ற துணிகளை போல் சாதாரணமாக துவைக்க வேண்டும்

ஈ) துவைக்கும் முன் கிருமிநாசினி நீரில் ஊர வைக்க வேண்டும்

பாதுக்காப்புமுறை

21. குழந்தையைகிருமிகளிடம்இருந்து எவ்வாறு பாதுக்காப்பீர்கள்?

அ) குழந்தைக்கு தடுப்பூசி அளித்தல் மூலம்

ஆ) தினமும் குளிக்க வைத்தல்

இ) குழந்தையை நோய்வாய் பட்டவர்களிடம் இருந்து விளக்கி வைத்தல்

ஈ) மேற்க்கண்ட அனைத்தும்

22. ஒருதடவைமட்டும்வழங்கப்படவேண்டிய தடுப்பூசி எது?

அ) BCG

ஆ) DTP

இ) இளம்பிள்ளைவாதம்

ஈ) HB தடுப்பூசி

23. குழந்தைக்குஎந்தவகையில்ஆபத்துகள்நேரிடும்?

அ) தவறி விழுதல்

ஆ) மூன்று சக்கர வாகனம் முலம்

இ) படி ஏறுதல்

ஈ) அதிகபார்வையர்கள்

24. குழந்தைகளுக்கு மூச்சுத்தினறலை எவ்வாறு தவிர்க்க வேண்டும்?

அ) பிளாஸ்டிக் பைகை குழந்தைகளுக்கு எட்டதவாறுவைத்தல்

ஆ) பொம்மைகளை குழந்தைகளுக்கு எட்டதவாறு வைத்தல்

இ) குழந்தைகளை செல்லப் பிராணிகளிடமிருந்து விலக்கி வைத்தல்

ஈ) குழந்தைகளை குளியல் தொட்டிலிருந்து விலக்கி வைத்தல்

25. குழந்தைகளுக்கு வயிற்றுப்போக்கு ஏற்பட்டால் எந்த உணவில் மாற்றம் செய்ய வேண்டும்?

அ) தாய்பாலைதொடர்ந்து அதிகநீர் கொடுக்கவேண்டும்

ஆ) தாய்பாலை நிறுத்தி விட்டு அதிக நீர் கொடுக்கவேண்டும்

இ) நார்சத்து நிறைந்தஉணவைக் கொடுக்கவேண்டும்

ஈ) உணவளித்தளை நிறுத்த வேண்டும்.

பாகம் – III

குழந்தை வளர்ப்பு பராமரிக்கும் முறை பற்றிய பயிற்சித்திறனை பரிசோதித்தல்

வ.எண்	பொருளாடக்கம்	ஆம்	இல்லை
1.	குழந்தையின் எடையை சரிப்பார்த்து இருக்கிறீர்களா ?		
2.	குழந்தையின் வளர்சியை சரிப்பார்த்து இருக்கிறீர்களா அதாவது சிரிப்பு, தலைக் கட்டுபாடு?		
3.	தற்போது குழந்தைக்கு தாய்பால் கொடுக்கிறீர்களா?		
4.	குழந்தைக்கு இணைஉணவு தரத்தொடங்கிவிட்டிர்களா?		
5.	உங்களால் சரியாக தாய்பால் கொடுக்கமுடிந்ததா, சுகப்பிரசவம் எனில் அரைமணிநேரத்திற்குள்,அறுவை சிகிச்சை எனில் 4 மணி நேரத்திற்குள்		
6.	குழந்தைக்கு உங்களால் சீம்பால் கொடுக்க முடிந்தா?		
7.	குழந்தையின் தேவையை இரவுநேரத்தில் பூர்த்தி செய்ய முடிகிறதா ?		
8.	குழந்தையை தூய்மையாக வைத்திருக்கிறீர்களா?		
9.	உங்கள் குழந்தையை நீங்களே குளிப்பாட்டுவீர்களா?		
10.	உங்கள் குழந்தைக்கு நீங்களே உடைமாற்றி,பேணுவீர்ளா?		
11.	குழந்தையின் துணிகளை சோப்பு மற்றும் நீரை கொண்டு சலவை செய்து வெயிலில் உலற்றுவீர்களா ?		
12.	குழந்தையை பராமரிக்கும் முன்கை கழுவுவீர்களா?		
13.	நோயாளிகள் குழந்தையை தூக்குவதை அனுமதிப்பீர்களா?		
14.	குழந்தைக்கு தேவையான தடுப்பூசியை குறித்தகாலத்தில் கொடுத்தீர்ளா?		
15.	குழந்தை இரவில்உங்களுடன் ஒரே மெத்தையில் ஒரேஅறையில் உறங்குகிறதா ?		
16.	குழந்தையை தரையில் பாயின் மீது படுக்க வைப்பீர்களா?		
17.	குழந்தையை போர்த்தி வைக்கும் பழக்கம் உங்களிடம் உள்ளதா?		
18.	உங்கள் குழந்தை ஏதாவது ஆபத்தை சந்தித்து இருக்கிறதா (எ.கா) கையில்,தொட்டிலில்,கட்டிலிருந்து விழுதல், கூர்மையான பொருளின் மூலம் காயம்படுதல்		
19.	குழந்தை அழும்பொழுது உங்களால் சமாதானம் செய்ய முடிகிறதா?		
20.	நீங்கள் குழந்தையுடன் பேசவோ/குடும்ப நபர்களை அடையாளம் காட்டசெய்கிறீர்களா?		

APPENDIX - B

CERTIFICATE OF ETHICAL CLEARANCE

MADHA COLLEGE OF NURSING
ETHICAL COMMITTEE

College Campus :
Madha nagar,
Somangalam road,
Kunrathur,
Chennai -69

Chairman of Committee:

Dr. S. Madan kumar. M.D., Dip. A & E
Director,
Madha Medical College & Research Institute,
Thandalam.

Members:

Dr. K. Gajendran. M.D., D.V.,
Principal,
Madha Medical College & Research Institute, Thandalam.

Dr. A. Dhanikachalam. M.S., Mch
Medical Superintendent,
Madha General Hospital,
Madha Medical College & Research Institute, Thandalam.

Dr. V. Vijai Krishna. M.P.T,
Principal,
Madha College of Physiotherapy,
Kunrathur

Dr. B.Tamilarasi, M.Sc (N), P.hD.,
Principal,
Madha College of Nursing, Kunrathur

Mrs. Grace Samuel, M.Sc (N),
Vice Principal,
Madha College of nursing, Kunrathur

Date : 15.03.2013

CERTIFICATE OF ETHICAL CLEARANCE

This is to certify that the research proposal, "Effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of Infants in Kanchi Kamakoti Child Trust Hospital at Chennai", submitted by Ms. Sangeetha. J, student of I year M.Sc Nursing (Child Health Nursing) is hereby approved and granted ethical clearance by the Ethical Committee of the institute.

This clearance is valid for the period of 2 years.

CHAIRMAN

APPENDIX – C

List of Experts for Content Validity

Dr. A. ANDAL,
M.D (Pediatrics)
Senior consultant in paediatrics & Medical director,
Kanchi kamakoti Child Trust hospital,
Chennai – 34.

Dr. A. JUDIE,
M.Sc. (N), Ph. D,
Principal,
MMM College of Nursing,
Nolambur, Mogappair West,
Chennai – 95.

Prof. EDNA SWEENIE
R.N., R.M., M.Sc. (N), Ph. D.
Dept. of Paediatrics,
MIOT College of Nursing,
Chennai- 89.

CERTIFICATION FOR CONTENT VALIDITY

This is to certify the content and the tool to the statement of the problem **" A study to assess the effectiveness of educational intervention package on knowledge and practice regarding Childrearing among mothers of infant in Kanchi kamakoti child Trust Hospital at Chennai"** Prepared by **Ms.Sangeetha.J, M.sc (N) II year** student currently pursing her M.sc (N) degree programme for the partial fulfilment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai-69** is found to be valid to the best of my knowledge.

9/12/13

Dr. A. ANDAL, MD (Ped),
Regn. No. 71341
Senior Consultant in Pediatrics,
Kanchi Kamakoti CHILDS Trust Hospital,
12A, Nageswara Road, Nungambakkam,
CHENNAI - 600 034.

CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem **"A study to assess the effectiveness of educational intervention package on child rearing knowledge and practice among mothers of Infant in Kanchi Kamakoti Child Trust Hospital at Chennai"** prepared by **Ms. Sangeetha. J M.Sc (N) I year** student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai – 69** is found to be valid to the best of my knowledge.

4/3/13

Dr. A.JUDIE, M.Sc.,(N),Ph.D(N)
Principal
MMM College of Nursing
No. 131, Sakthi Nagar,
Nolambur, Mogappair West,
Chennai-600 095, Tamil Nadu.

CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem **"A study to assess the effectiveness of educational intervention package on child rearing upon knowledge and practice among mothers of Infant in Kanchi Kamakoti Child Trust Hospital at Chennai"** prepared by **Ms. Sangeetha. J M.Sc (N) I year** student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai – 69** is found to be valid to the best of my knowledge.

Edna Sweenie.
11/03/2013.

Prof. Edna Sweenie. J
Dept. of Pediatric Nursing,
MIOT College of Nursing,
Chennai - 89.

APPENDIX - D

KANCHI KAMAKOTI CHILDS TRUST HOSPITAL
(Recognised by the National Board of Examinations)
12-A, Nageswara Road, Nungambakkam, Chennai - 600 034.
✆ :42001800 Fax : 91- 44 - 28259633
E-mail : Info@kkcth.org / contact@kkcth.org / Website : www.childstrusthospital.in

KKCTH/MD/171/2013 3rd May 2013

To

The Principal,
Madha College of Nursing
Madha Nagar, Kundrathur,
Chennai – 600 069.

Dear Madam,

REF : Your letter dt.24.04.2013.

With reference to your above letter, we have permitted Ms.Sangeetha.J, First year M.Sc. (N) student of Madha College of Nursing, to do her project work at our Hospital from 6th May 2013 to 6th June 2013.

As per our Hospital rules the student has to pay the fee of Rs.2,000/- (Two Thousand only).

Thanking you,

Yours sincerely,

(Dr.A.ANDAL)
Medical Director

APPENDIX - E

CONSENT LETTER

Letter seeking consent of the subjects for the participation in the research study.

I am voluntarily willing to participate in the study conducted by Ms.J.Sangeetha, on "a study to assess the effectiveness of educational intervention package on knowledge and practice regarding child rearing among mothers of infants in Kanchi Kamakotti Child Trust Hospital, Chennai.

I will also co-operate with the research in providing necessary information. I was explained that the information provided would be kept in confidential and used only for above mentioned study purpose.

J. Sangeetha

Signature of the investigator

B. [illegible]

Signature of the Participant

APPENDIX - F

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation "A study to assess the effectiveness of educational intervention package on knowledge and practice regarding Childrearing among mothers of infant in Kanchi Kamakoti Child Trust Hospital at Chennai" 2013-2014 prepared by Miss. J. Sangeetha, II year M.sc., Nursing, student of Madha college of Nursing, Kundrathur, Chennai- 69, is edited for English language appropriateness by

Name : KARTHIK.S

Signature:

GOVT. HIGHER SECONDARY SCHOOL,
ANANTHARURAM-682 315. T.V.Kalai Dr.

CERTIFICATE FOR TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation "A study to assess the effectiveness of educational intervention package on knowledge and practice regarding Childrearing among mothers of infant in Kanchi Kamakoti Child Trust Hospital at Chennai" 2013-2014 prepared by Miss. J. Sangeetha, II year M.sc., Nursing, student of Madha college of Nursing, Kundrathur, Chennai- 69, is edited for Tamil language appropriateness by

Name : தெ.சீனிவாசன்

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APPENDIX- G

SKELETAL PLAN

ON

CHILD REARING

MADHA COLLEGE OF NURSING

SKELETAL PLAN

COURSE TITLE	:	M.Sc (NURSING)
PLACEMENT	:	II YEAR
SUBJECT	:	CHILD HEALTH NURSING
TOPIC	:	CHILD REARING
NAME OF THE PRESENTER	:	J.SANGEETHA
METHOD OF TEACHING	:	LECTURE CUM DISCUSSION
A.V AIDS	:	VIDEO CLIP, POWER POINT, FLIP CHART.

CENTRAL OBJECTIVE

At the end of the teaching the mothers of infant will gain adequate knowledge regarding the child rearing and attain desirable attitude and to develop skill in performing their child care.

BEHAVIORAL OBJECTIVES

At the end of the session the mothers of infant will be able to

a. explain about the childrearing.

b. list out Growth and development of infants

c. enumerate nutritional needs of infants

d. explain about personal hygiene and immunization of the child rearing

e. discuss about safety and security of the child

SKELETAL PLAN ON CHILD REARING

S. No	Behavioural objectives	Content	Teaching activity	Learning activity	A.V Aids
1.	explain about the childrearing	Child rearing General information	Discussing	Participating	Power point with Video clips
2.	list out Growth and Development of infants	Growth and Development of infants	Explaining	Active Listening	Power point with Video clips
3.	enumerate nutritional needs of infants	Breast feeding and complementary feeding of infants	Discussing	Participating	Flip chart
4.	explain about personal hygiene and immunization of the child rearing	Personal hygiene & immunization	Explaining	Listening	Leaflet
5.	discuss about safety and security of the child	Safety and preventive measures	Discussing	Participating	Flip chart

CHILD REARING

INTRODUCTION

"***Today children are tomorrow citizen"***

Every baby and children is different and your babies are very special because they are yours. One of the most encouraging signs of outcome is awakening the public about the needs and rights of children. All babies must be kept comfortable by giving the right Growth and development, nutrition, immunization, personal hygiene, safety and security that must be prevent diseases. Now we will discuss on how we can care for the infants.

GENERAL INFORMATION

Child rearing or parenting is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to childhood. Parenting refers to the aspects of raising a child aside from the biological relationship.

Parenting is usually done by the biological parents of the child in question, although governments and society take a role as well. In many cases, orphaned or abandoned children receive parental care from non-Parent blood relations. Others may be adopted, raised in foster care, or placed in an orphanage.

GROWTH AND DEVELOPMENT OF INFANTS

Growth

Growth refers to an increase in physical size of the whole body or any of its parts. It is simply a quantitative change in the child's body. It can be measured in Kg, pounds, meters, inches, etc

Development

- Development refers to a progressive increase in skill and capacity of function.
- It is a qualitative change in the child's functioning.
- It can be measured through observation.

Maturation

- Increase in child's competence and adaptability.
- It is describing the qualitative change in a structure.
- The level of maturation depends on child's heredity.

Factors affecting growth and development

- Hereditary
- Environmental factors

Pre-natal environment

1-Factors related to mothers during pregnancy

- Nutritional deficiencies
- Diabetic mother
- Exposure to radiation
- Infection with German measles
- Smoking
- Use of drugs

Factors related to foetus

- Mal-position in uterus
- Faulty placental implantation

Weight

They loose 5 % to 10 % of weight by 3-4 days after birth as result of :

- Withdrawal of hormones from mother.
- Loss of excessive extra cellular fluid.
- Passage of meconium (feces) and urine.
- Limited food intake

Height

At birth:

- Boys average Ht = 50 cm
- Girls average Ht = 49 cm
- Normal range for both (47.5- 53.75 cm)

Head circumference

Normal Head circumference is 33-35 cm. Head is ¼ total body length .Skull has 2 fontanels (anterior & posterior).

Chest circumference

It is 30.5 to 33cm (usually 2–3cm less than head circumference.

NORMAL MILESTONES OF INFANTS

3Months- Head control

9 Months-Stand with support

5 Months-Sit with support

10 Months-Walk with support

Fine motor development of infant

4 Months- Grasp the objects in hand.

5 Months-Reach the out to the object but hold it with both hands.

7 Months –Holding the objects grasp with palm.

12 Months – Holding objects with fingers.

4 Months- Grasp the objects in hand.

5 Months-Reach the out to the object but hold it with both hands.

LANGUAGE DEVELOPMENT

It depends to learning, level of understanding power of imitation and encouragement.

1Months- Turn the head to sound.

3 Months- cooing sound

6 Months- Mono syllabus (one word)eg: paa,maa.

9 Months- Bi syllabus eg: mama,papa.

12 Months- 2 to 5 words with meaning.

PLAY NEEDS

Play is a form of counselling or psychotherapy that uses play to communicate with and help people, especially children, to prevent or resolve psychosocial challenges. This is thought to help them towards better social integration, growth and development.

Play therapy can also be used as a tool of diagnosis. A play therapist observes a client playing with toys (play-houses, pets, dolls, etc.) to determine the cause of the disturbed behaviour. Play behaviour can be described as- unoccupied, solitary, on looking, parallel, associative and co-operative.

Suitable play material according to age

4 weeks to 4 months = Bright and moving objects, hanging cradle toys, rattles, balloons etc.

4 months to 6 months = Soft squeeze toys, rattles, toy animals etc.

7 months to 9 months = Squeeze and sound toys, blocks, cubes, plastic ring, rattles etc.

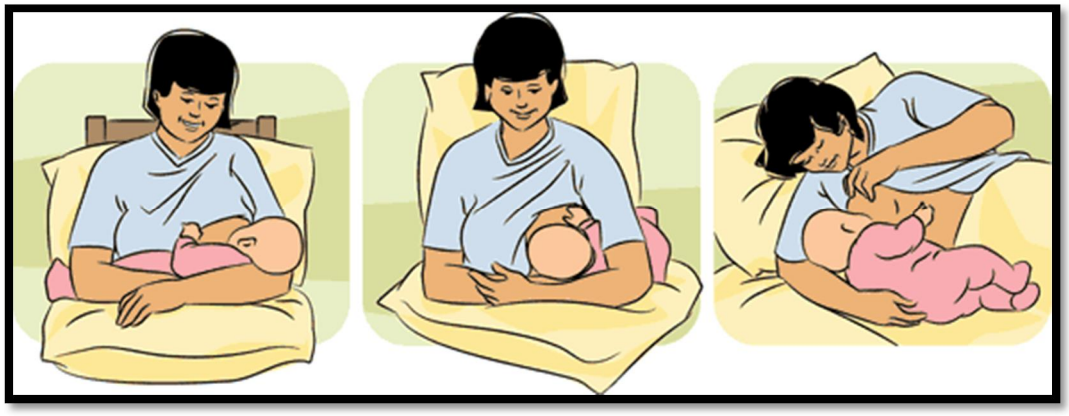
10 months to 12 months=Doll, ball, music toy, transporting objects, pull and push toys.

NUTRITION

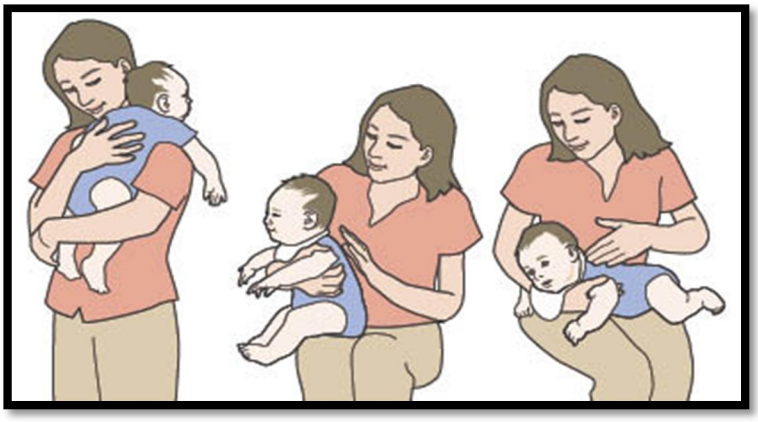
It is the ideal food for the baby in the early life.

B**reast feeding**

Breast milk is the best milk for the baby and it is the first food. The baby should be put to the breast within half an after birth if possible. Colostrum is the breast milk produced in the 5 days after delivery. First milk which is yellowish in colour and is rich in antibodies which protect the baby against several infection and hence. It must be given to your baby. Breast feeding must be continued as long as breast milk is available. Sugar water, glucose water, tinned milk etc should not be given.



After feeding



ADVANTAGES OF BOTH MOTHER AND CHILD

- Bond between mother and child.
- Child spacing
- Cost benefits
- After breast feeding the baby has to be buried in order to prevent aspiration of milk.

COMPLEMENTARY FEEDING

It is gradual administration of semisolid food to the breast fed child.

FEEDING ITEMS

0-4 months = only breast milk

4-5 months = Breast milk +mashed rice, wheat, ragi etc.

6-8 months = Breast milk + mashed vegetables, dhal, kichidi, eggyolk, green leafy vegetables, mashed potatoes.

9- 10 months = Breast milk + rice, dhal, idli, dosa, uppma.

10-12 months = Breast milk + boiled fish, chicken, meat.



TIPS ON COMPLEMENTARY FEEDING

1. Wait to start complementary feeds until baby is between four to six months old.
2. Introduce food when infant is hungry.

3. choose a first food such as rice, cereal, mashed banana or any other cereal population.
4. Thin the food to a smooth consistency with breast milk or water.
5. Hold the baby upright in your lap.

IMMUNIZATION

It's a good idea to keep a record of immunizations received. Record sheets are often provided by doctors or clinics. They are valuables if your family moves or changes doctors, and are a handy reminder of upcoming vaccines or boosters. They are also proof of your child's protection against certain infectious diseases.

Your child's immunization record should specify the types of vaccine and be dated and signed by the doctor each time an immunization is given. The record should be kept at home in a safe, accessible place and should be taken with the family on tips away from home.

AGE	VACCINE
AT BIRTH	BCG OPV HIB-B-1
6 WEEKS	DPT-1 OPV HIB-B – 2
10 WEEKS	DPT – 2 OPV-2
14 WEEKS	DPT- 3 OPV
6-9 MONTHS	OPV HIB-B – 3
9 MONTHS	MEASLES
12 - 15 MONTHS	MMR, OPV
15-18 MONTHS	DPT – 1st Booster OPV
5 AGE	DPT- 1ST BOOSTER OPV
10 AGE	TT - 3RD BOOSTER HIB-B – BOOSTER
15-16 AGE	TT – 4 RD BOOSTER

PERSONAL HYGIENIC MEASURES

Caring for a baby can be hard especially, when looking after their hygiene needs, and often these skills are needed a lot more frequently than an adult's. It can be very daunting to be responsible for the needs of a child, but with a little practice, some basic instructions, common sense and a routine, these tasks become easier and can provide valuable one to one time for you and your child.

CARE DURING MINOR ILLNESS

All infants get minor problems like fever, cough, cold, diarrhoea, vomiting and hence the mother should know how to manage them at home. These minor problems usually disappear in a couple of days with home management if it persists a doctor must be consulted.

DIARRHOEA

Diarrhoea is a condition in which the infant will have an increased frequency of watery stools. Diarrhoea is rate in breast fed babies, usually occur in bottle fed and spoon fed infants, when the bottles, bowls and spoons are not washed well. During diarrhoea a lot of water is lost from the baby and the baby may become dehydrated. Breast feeding must be continued even if the baby has diarrhoea and other fluids that can be given are rice, kanjiee water, dhal water and oral rehydration solution. Oral rehydration solution can be administered 50-100 ml/kg/ body weight over a period of 4 hours. If child wants more, give more ORS.

The ORS can be prepared at home of adding (3 finger) one pinch of salt to 3 pinch of sugar in 200ml of boiled water.

SAFETY AND SECURITY

Aspiration

Aspiration of foreign objects to the air passages.(i.e) broken or cracked rattle, part of toys, coins, buttons and also the food contents. The baby must me burped well between and after feeds. Fruits, meats should be act into small irregular pieces. Aspiration for a small baby can be prevented by holding the baby upside down and give back slap or place the child head down. Slap him between the shoulder blades using less force than for an adult. If it not removed take him to the physician.

Suffocation

Suffocation can be caused by the following ways. When an infant is placed in a bed under blanket and sheet are jerked in by which the baby will be caught under it. When adult sleep with the small infant, there is a possibility of the adult rolling over an infant. Plastic bags given to the infant to play can be easily and quickly warped around their head. To prevent suffocation rescuers the child from the danger place or things and the baby must be kept on firm mattress with no pillow to the head.


Poisoning

Poisoning can be prevented by keeping all cleaning agents, chemicals, drugs and insecticides kept under locked. The baby must not be given lead containing painter toys to play. Medication must not be given to the baby unless prescribed by the doctor.


Preventing from fall

Falls are common in infants when they turn side to side, creep, crawl and walk. due to lack of motor co-ordination and lack of the sense of space, they easily fall from the height.Infant should never left alone on the cot, table and any other unprotected place.

Prevention of Burns

A Stove, cooking gas stove, electrical things, heater should be kept away from the child.

Drowning

Infant may move towards the tub, water pool, well because they enjoy water. The precaution is always necessary not to leave children alone, near the water tubs, drums and well. The water drums should be always covered.

SUMMARY

Till now we discuss about child rearing knowledge and practice based on five components like the Growth and Development, nutrition, personal hygiene, immunization, safety and security. It helpful for mothers while caring their child and also helps to prevent the injury to child.

குழந்தை வளர்ப்பு முறை

முன்னுரை

" இன்றைய குழந்தைகள் நாளைய குடிமக்கள். "

ஒவ்வொரு குழந்தையும் ஒவ்வொரு வகையில் மாறுப்பட்டுக் காணப்படும். அதில் உங்கள் குழந்தை மிகச் சிறப்பானது. மக்களிடம் விழிப்புணர்வை ஏற்ப்படுத்த வேண்டியுள்ளதால் குழந்தைகளின் வளர்ச்சி, மேம்பாடு, ஊட்டச்சத்து, தடுப்பூசி, சுகாதாரம் முதலியவை நோய்களைத் தடுக்கும். நாம் இப்போது குழந்தைகளை எவ்வாறு பேணிக்காப்பது என்பதைப் பற்றி பார்ப்போம்.

பொது விவரம்

குழந்தை வளர்ப்பு முறை என்பது உடல் ரிதியாகவும், மன ரிதியாகவும், சமூக ரிதியாகவும் குழந்தையை வளர்த்தல்.

குழந்தை வளர்ப்பு என்பது பெரும்பாலும் பெற்றோரையே சார்ந்தது. தற்போது சமூகத்தில் குழந்தைக் காப்பகங்களில் குழந்தையை மற்றவர்கள் கவனித்துக்கொள்கின்றன. ஆதரவற்ற குழந்தைகள் ஆசிரமத்தில் மற்றவர்களால் கவனிக்கப்படுக்கின்றனறர்.

குழந்தை வளர்ச்சி மற்றும் மேம்பாடு

குழந்தை வளர்ச்சி

குழந்தை வளர்ச்சி என்பது உடல் ரீதியான வளர்ச்சி. அதை நாம் கிலோகிராம், பவுண்ட்,மீட்டர், இஞ்ச் போன்றவற்றால் அளவிடலாம்.

மேம்பாடு

* மேம்பாடு என்பது திறமை மற்றும் செயல்திறன் வளர்ச்சியின் முன்னேற்றம் .
* இது குழந்தைகளின் செயலில் தரமாற்றம்.
* நேர்க்காணல் முலம் இதனை மதிப்பிடலாம்.

முதிர்ச்சி

* குழந்தையின் போட்டி மற்றும் ஒத்துழைப்பு தன்மை அதிகரித்தல்.
* இவை குழந்தையின் உடலின் தர வரிசையை விவரிக்கும்.

குழந்தை மேம்பாட்டைப் பாதிக்கும் காரணிகள்

* பரம்பரைக் காரணிகள்
* சுற்றுச்சூழல் காரணிகள்

கற்பக்காலச்சுழ்நிலைகளில்

கற்பக்காலத்தில் தாயைப் பாதிக்கும் காரணிகள்

* ஊட்டச்சத்து குறைபாடுகள்
* தாய்க்கு நீரிழிவு நோய்
* கதிர்வீச்சுக்கு உட்படுதல்.
* நோய்வாய் படுதல்.
* புகைப்பிடித்தல்.
* பல மருந்துகளை உட்க்கொள்ளுதல்

கருவைப் பாதிக்கும் காரணிகள்

* கருப்பையில் கரு இடமாற்றம்.

எடை

குழந்தையின் உடல் எடையை 5 முதல் 10 சதவீதமாக குறையக் காரணங்கள்

* தாயிடமிருந்து பெறும் நொதிகளை இழத்தல்.
* மலம் மற்றும் சிறுநீர் கழிப்பதால்.
* குறைந்த அளவு உணவு உட்க்கொள்ளுதல்.

உயரம்

பிறந்தவுடன்

* ஆண் குழந்தை = 50 செ.மீ
* பெண் குழந்தை = 49 செ.மீ

பொதுவான சாரசாரி உயரம் (47.5 - 53.75 செ.மீ)

தலைச்சுற்றளவு

சராசரி தலைச்சுற்றளவு = 33 முதல் 35 செ.மீ. மொத்த உடல் உயரத்தில் தலை கால் பங்கு வகிக்கிறது. தலைப்பகுதி இரண்டு குழிகளை உடையது. அதாவது முன்குழி, பின்குழி ஆகும்.

மார்ப்பளவு

இது 30.5 முதல் 33 செ.மீ (சாதாரணமாக தலைச்சுற்றளவை விட 2 முதல் 3 செ.மீ குறைவாக இருக்கும்.)

படிக்கற்கள்

3 மாதங்களில் = தலைக்காட்டை அடைதல்

9 மாதங்களில் = துணையுடன் நிற்பது

5 மாதங்களில் = துணையுடன் அமர்தல்,

8 மாதங்களில் = துணையின்றி அமர்தல்

10 மாதங்களில் = துணையுடன் நடப்பது.

12 மாதங்களில் = துணையின்றி நிற்பது

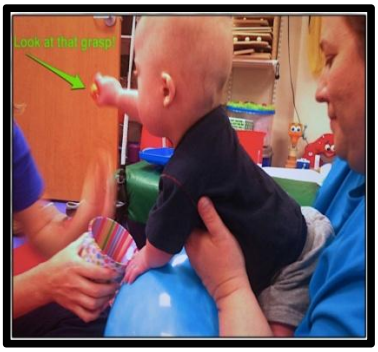
வளர்ச்சி திறமை

4 மாதங்களில் = கைக்களால் பொருட்களைப் பிடித்தல்

5 மாதங்களில் = பொருட்களை இருக்கைகளில் பிடித்தல்

7 மாதங்களில் = உள்ளங்கைகளால் பொருட்களைப் பிடித்தல்

12 மாதங்களில் = விரல்களால் பொருட்களைப் பிடித்தல்



4 மாதங்களில் = கைக்களால் பொருட்களைப் பிடித்தல்

5 மாதங்களில் = பொருட்களை இருக்கைகளில் பிடித்தல்

பேச்சுத்திறமை

1 மாதங்களில் = சத்தக்கேற்ப்ப தலை திருப்புதல்
3 மாதங்களில் = கூக்குரல் இடுதல்
6 மாதங்களில் = ஒரு வார்த்தை சொல்லுதல் (எ.கா) பா, மா.
9 மாதங்களில் = இரு வார்த்தை சொல்லுதல் (எ.கா) மாமா, பாபா.
12 மாதங்களில் = 2 முதல் 5 வார்த்தைகள் அர்த்ததுடன்.

விளையாட்டின் தேவைகள்

குழந்தையின் மனவளர்ச்சிக்கு விளையாட்டுத் தேவைப்படுகிறது. விளையாடுவதின் மூலம் குழந்தை மற்ற குழந்தையுடன் பழகும்.

வயதுக்கேற்ற விளையாட்டுகள்

4 வாரம் முதல் 4 மாதம் வரை - நகரும் பொருட்கள், பலூன்கள்
4 மாதம் முதல் 6 மாதம் வரை - விலங்கு பொம்மைகள்.
7 மாதம் முதல் 9 மாதம் வரை - சத்தமிடும் பொம்மைகள்.
10 மாதம் முதல் 12 மாதம் வரை - பந்து, பொம்மைகள்.

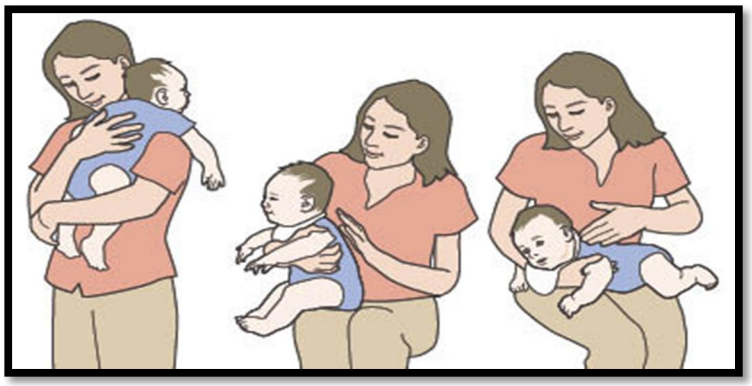
ஊட்டச்சத்து

தாய்பால்

தாய்பால் குழந்தைக்கு சிறந்த ஊட்டச்சத்து. முதல் பாலில் நோய் எதிர்ப்புச் சத்துப் பொருட்கள் உள்ளது. சர்க்கரை நீர், மாட்டுப்பால் முதலியவை குழந்தைக்கு கொடுக்க கூடாது.

தாய்பால் புகட்டிய பின் செய்ய வேண்டியவை

* பாலுட்டிய பின் தோலில் போட்டு தட்ட வேண்டும்.
* வலதுப்பக்கம் சாய்ந்த நிலையில் படுக்க வைக்க வேண்டும். இது குழந்தையின் செரிமானத்திற்கு உதவுகிறது.



இணை உணவு

0-4 மாதங்களில் = தாய்பால் மட்டும்,
4-5 மாதங்களில் = தாய்பால் + மசித்த சாதம், கோதுமை, கேழ்வரகு கூழ்,
6-8 மாதங்களில் = தாய்பால் + மசித்த காய்கறிகள், பருப்பு, முட்டை மஞ்சள்கரு.
9-10 மாதங்களில் = தாய்பால் + சாதம், இட்லி, தோசை, உப்புமா.
10-12 மாதங்களில் = தாய்பால் + வேகவைத்த மீன், இறைச்சிகள்.

தடுப்பூசி

தடுப்பூசிகள் குழந்தையை நோயிலிருடந்து பாதுக்காக்கிறது, தொற்று நோய்கள் வராமல் தடுக்கிறது. தாய்மார்கள் கார்ப்பகாலத்தில் தடுப்பூசி காட்டாயம் போட்டுக்ககொள்ள வேண்டும்.

வயது	தடுப்பூசி
பிறந்தவுடன்	பிசிஜி போலியோ சொட்டு மருந்து ஹெப்-B
6 வாரங்கள்	டிப்தீரியா, டெட்டனஸ், பெர்டூஸிஸ் தடுப்பூசி - 1 போலியோ சொட்டு மருந்து ஹெப்-B - 2வது
10 வாரங்கள்	டிப்தீரியா, டெட்டனஸ், பெர்டூஸிஸ் தடுப்பூசி - 2 போலியோ சொட்டு மருந்து
14 வாரங்கள்	டிப்தீரியா, டெட்டனஸ், பெர்டூஸிஸ் தடுப்பூசி - 3 போலியோ சொட்டு மருந்து
6-9 மாதங்கள்	போலியோ சொட்டு மருந்து ஹெப்-B - 3வது
9 மாதங்கள்	மீஸல்ஸ் தடுப்பூசி (அம்மை)
12-15 மாதங்கள்	அம்மை நோய் தடுப்பூசி போலியோ சொட்டு மருந்து
15-18 மாதங்கள்	DPT - 1வது பூஸ்டர் போலியோ சொட்டு மருந்து
5 வயது	டிப்தீரியா, டெட்டனஸ், பெர்டூஸிஸ் தடுப்பூசி- 1வது பூஸ்டர் போலியோ சொட்டு மருந்து
10 வயது	TT (டெட்டனஸ்) - 3வது பூஸ்டர் ஹெப்-B – பூஸ்டர்
15-16 வயது	TT - 4வது பூஸ்டர்

சுகாதாரம்

* குழந்தைகளை சுகாதாரமாக வைப்பதன் மூலம்.
* குழந்தைகளுக்கு ஏற்படும் நோய்களை தடுக்கலாம்.

வயிற்றுப்போக்கு

புட்டிப்பால், அருந்தும் குழந்தைகளுக்கு வயிற்றுப்போக்கு வர அதிக வாய்ப்பு இருக்கிறது. ஓ. ஆர். எஸ் எனப்படும் கரைசல் 50-100 மி.லி / கி.லோ உடல்எடை அளவை நீரில் கலந்து கொடுக்க வேண்டும். ஓ. ஆர். எஸ் வீட்டிலே தயாரிக்கலாம். ஒரு சிட்டிகை உப்பும், 3 சிட்டிகை சர்க்கரையை 200 மி. லி அளவு கொதிக்க வைத்த தண்ணீரில் கலக்க வேண்டும்.

பாதுக்காப்பு

புரை ஏறுதல்

ஏதேனும் பொருட்கள் சுவாசக்குழாயை அடைப்பாதல் புரை ஏறுகிறது. (எ.கா.) உணவுப் பொருட்கள், சிறுப்பொம்மைகள். புரை ஏறிய பின் குழ்ந்தையை தலைக்கீழாக பிடித்து முதுகில் தட்ட வேண்டும்.

முச்சு அடைத்தல்

குழந்தைகளுக்கு அருகில் பிளாஸ்டிக் பைகள் மற்றும் போர்வைகள் உடன் விளையாடுவதன் முலம் முச்சு அடைத்தல் ஏற்படுக்கிறது.

விஷம்

மருந்து மற்றும் வேதிப்பொருட்கள் அனைத்தும் குழந்தைகளுக்கு எட்டாதவாறு வைக்க வேண்டும்.

தவறி விழுதலைத் தடுத்தல்

குழந்தைகள் தூங்கும் போது அருகில் தலையணை வைக்க வேண்டும், நெருப்பினால் ஏற்படும் விபத்துகளை தடுக்க அடுப்பு, மின்சார சாதனங்களை குழந்தைகளுக்கு எட்டாதவாறு வைக்க வேண்டும்.

குழந்தையை நீர்நிலைகளில் தனியாக குளிக்க அனுமதிக்க கூடாது. திறந்த பள்ளங்கை மூடி வைக்க வேண்டும்.

முடிவுரை

இதுவரை நாம் குழந்தை வளர்பின் முக்கிய காரணிக்களான குழந்தைகளின் வளர்ச்சி, மேம்பாடு, ஊட்டச்சத்து, தடுப்பூசி, சுகாதாரம் பார்த்தோம். இது குழந்தை வளர்பில் தாய்மார்களுக்கு உதவியாக இருக்கும்.